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Note verbale dated 12 June 2009 from the Permanent Mission of the Republic of Mali to the United Nations addressed to the secretariat of the Economic and Social Council

The Permanent Mission of the Republic of Mali to the United Nations presents its compliments to the secretariat of the Economic and Social Council and has the honour to forward the national report of Mali on the assessment of national strategies of development for consideration under item 2 (b) of the provisional agenda (see annex).

The national report was validated at the national workshop, held on 22 May 2009, which was attended by representatives of national institutions, ministerial departments, civil, social and women's organizations and international agencies.

The report will serve as reference for the national voluntary presentation of Mali, on 7 July 2009, during the general debate of the Economic and Social Council.

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Annex to the note verbale dated 12 June 2009 from the Permanent Mission of Mali to the United Nations addressed to the secretariat of the Economic and Social Council

[Original: French]

National voluntary presentation of the Government of Mali

National report of Mali on the evaluation of the national development strategies implemented in order to achieve the internationally agreed development goals

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Abbreviations and acronyms

ARV	antiretroviral
CPS	Cellule de Planification et de Statistiques – Statistics Department
CSCRP	Cadre Stratégique pour la Croissance et la Réduction de la Pauvreté – Strategic Framework for Growth and Poverty Reduction
CSLP	Cadre Stratégique de Lutte contre la Pauvreté – Strategic Framework to Combat Poverty
DTCP3	Diphtérie, Tétanos, Coqueluche et Poliomyélite (3 doses) – diphtheria, tetanus, whooping cough and poliomyelitis (3 doses)
ECOSOC	United Nations Economic and Social Council
GDP	gross domestic product
HIPC	Highly Indebted Poor Countries
LOA	Loi d'Orientation Agricole – Agricultural Guidance Act
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
PAGAM/GFP	Plan d'Action Gouvernementale pour l'Amélioration et la Modernisation de la Gestion des Finances Publiques – Government Action Plan for Improvement and Modernization of the Management of Public Finances
PDES	Projet de Développement Economique et Social – Economic and Social Development Project
PDI	Programme de Développement Institutionnel – Institutional Development Programme
PRODEC	Programme Décennal de Développement de l'Education – Ten-Year Programme for Development of Education
PRODESS	Programme Décennal de Développement Sanitaire et Social – Ten-Year Health and Social Development Programme
PST	Projet Sectoriel de Transport –Transport Sector Project
SCAP	Stratégie Commune d'Assistance Pays – common country assistance strategy
SDDR	Schéma Directeur du Développement Rural – Master Rural Development Plan
SE/HCNLS	Secrétariat Exécutif du Haut Conseil de Lutte contre le SIDA – Executive Secretariat of the High National Council to Combat AIDS
TBS	Taux Brut de Scolarisation – gross school enrolment rate

Executive summary

In recent years the Government of Mali has given expression to its intention to make combating poverty and achieving the Millennium Development Goals the central priorities of its development activities, in line with the objectives of the Economic and Social Development Project. To that end it drew up and adopted in 2002 a first Strategic Framework to Combat Poverty 2002-2006. At the conclusion of the implementation of that first Framework, a second-generation framework, entitled Strategic Framework for Growth and Poverty Reduction 2007-2011, was adopted by the Government in December 2006.

These two documents are based on the national forecasting study "Mali 2025", carried out between 1997 and 1999 and covering the entire extent of the country, which served to gather the views of the people of Mali and their vision of society over the course of the coming generation. In line with the data thus collected, the President of the Republic drew up the Economic and Social Development Project, which lies squarely within the lines of the Strategic Framework.

In terms of macroeconomic performance, in 2008 Mali implemented, with assistance from technical and financial partners, a number of reform programmes which made it possible: (i) to achieve an average rate of growth of 5.9 per cent, (ii) to keep inflation below 3 per cent and (iii) to make progress in stabilizing public finance. These results also allowed the country to reach the completion point under the Highly Indebted Poor Countries Initiative (HIPC) in 2003 and to benefit from the Multilateral Debt Relief Initiative (MDRI) in 2006.

In the area of combating poverty, the situation has significantly improved, in that in 2006 47.4 per cent of the population was living below the poverty line (157 920 CFA francs per year), as against 55.6 per cent in 2002.

Although malnutrition is still a public health problem in Mali, data show that weight insufficiency has seen a considerable drop, from 43.3 per cent in 1996 to 27.0 per cent in 2006.

In the field of basic education, the gross school enrolment rate has seen the following changes: 64.4 per cent in 2002, 67 per cent in 2003, 70.5 per cent in 2004, 74 per cent in 2005, 75 per cent in 2006, 77.6 per cent in 2007 and 80 per cent in 2008. Between 2006 and 2008, the gross entry rate went up from 74.2 per cent to 79.4 per cent. This progress achieved as a consequence of the implementation of the Ten-Year Programme for Development of Education and the support of the technical and financial partners makes it still conceivable that the objective of primary schooling for all of the children of Mali by the year 2015 can be achieved. However, the rate of illiteracy is fairly high, particularly in women. The efforts currently under way will need to be enhanced and accelerated.

In the area of empowerment of women, Mali has ratified the Convention on the Elimination of All Forms of Discrimination against Women. However, as a general rule women in Mali are still faced with severe handicaps in the economic, legal, institutional, sociocultural and technical spheres. Nevertheless, it should be noted that there has been a significant improvement in the ratio of girls to boys in terms of school enrolment, arising out of a genuine political will and the dynamism of women's associations and non-governmental organizations (NGOs).

In the health sector and the fight against HIV/AIDS, the implementation of the Ten-Year Health and Social Development Programme 2005-2009 has brought about a significant reduction in neonatal, infant and under-five mortality as well as in maternal morbidity and mortality. The significant progress achieved in the fight against HIV/AIDS has to do with several intervention strategies including, among others, intensification of activities of awareness-raising and advocacy, along with the mobilizing activities of the Executive Secretariat of the High National Council to Combat AIDS, which reports directly to the Office of the President, as well as the operationalization of the anti-HIV/AIDS cells in each sectoral department. The provision without charge of antiretroviral (ARV) therapy has also constituted a significant advance in prevention and management of HIV/AIDS in Mali.

However, the level of effort being made to implement policies and strategies to combat diseases makes it unlikely that the Millennium Development Goals will be achieved by the intended deadline, unless there is an intensification of the response and a major degree of external assistance.

Environment, sanitation and drinking water

There are still major pressures on the environment and the management of natural resources. In 2007 the country drew up a National Sanitation Policy. With regard to people's access to drinking water, major progress has been made both in urban and in rural areas, and achieving the Millennium Development Goal for this area is possible.

In Mali, the quality of governance remains a measure of success of development policies and programmes. Political and institutional reforms have contributed to the consolidation of the democratic process, being based on noteworthy practices and strategies in the field of governance. The governance challenges involved in achieving the Millennium Development Goals are fully understood by the Government, civil society and the private sector, all of whom are striving to make the most of management of policies and strategies based on results and impacts. The Government is deeply involved in the implementation of the Government Action Plan for Improvement and Modernization of the Management of Public Finances and with issues of external aid, which needs to be made more predictable and must be better integrated into national procedures in order to create the conditions for generalized provision of budgetary support.

In the area of partnership, the Government is striving to gain the greatest value from an active diplomacy and the promotion of quality public-private partnerships. Mali was one of the very first countries to subscribe to the principles of the Paris Declaration and made a major contribution to the Third High-Level Forum on Aid Effectiveness, held in Accra.

The country is making an effort to manage its external debt in an effective manner in order to gain the benefit of relief measures. It has even succeeded in negotiating with several technical and financial partners the integration of external funding into its national budgetary procedures.

At the institutional level, it may be noted that there are regular sessions of the "Mali-Development Partners" Joint Commission which draw benefit from high-level political dialogue, and that the Aid Harmonization Secretariat has been made operational in order to

implement the action plan under the Paris Declaration, adopted in April 2007, and to ensure that it is followed up on. For their part, the partners have established a technical pool and drawn up a road map to support the implementation of the Paris Declaration, in particular including the definition of a common country assistance strategy.

The principal conclusions emanating from the First Report Tracking the Implementation of the MDGs in Mali (2005) indicate that, at the present rate of implementation of the policies and strategies to execute the development programmes and projects, the country will not be able to achieve **all of the Millennium Development Goals** by the target date of 2015.

However, instances of success and good practices have been observed in certain areas such as food self-sufficiency, universal primary schooling and access to drinking water. Thus there are grounds for hope, provided that the efforts already undertaken are maintained or intensified and that Mali's development partners are able to keep to their commitments.

The drafting and the implementation of the Ten-Year Plan 2006-2015 to Achieve the MDGs in Mali could prove the key to reversing the trends between now and 2015. The funding needs have been estimated and will require a major contribution from the development partners.

An effective mechanism for coordination, follow-up and evaluation, together with an effective results-based management system, has been put in place for implementation of the Ten-Year Plan.

Section 1. Introduction

The United Nations Economic and Social Council has provided an opportunity for countries to make voluntary national presentations during its annual ministerial review, allowing them not only to present the progress they have made but also to describe best practices for the achievement of the objectives of the United Nations development agenda.

The Government of Mali volunteered for this exercise, which consists of evaluating and analyzing, in the form of a national report, the implementation of its National Development Strategy (Stratégie Nationale de Développement – SND) in order to assess the progress made, or not made, towards the achievement of the internationally agreed development goals, in particular the Millennium Development Goals (MDGs).

Section 2. Objectives

The national report seeks to evaluate and analyze the national development strategies that have been implemented in order to achieve the internationally agreed development goals, in particular the MDGs. It allows the international community to assess the country's level of development, to share the best practices and the successful policies that can be transferred elsewhere, and at the same time to highlight the development needs and the policy recommendations necessary for the achievement of the MDGs.

Section 3. Features of national development strategies

In recent years the Government of Mali has given expression to its intention to make the fight against poverty and achieving the Millennium Development Goals the central priorities of its development activities, in line with the objectives of the Economic and Social Development Project (Project pour le Développement Economique et Social – PDES). To that end it drew up and adopted in 2002 a first Strategic Framework to Combat Poverty (Cadre Stratégique de Lutte contre la Pauvreté – CSLP) 2002-2006. At the conclusion of the implementation of that first Framework, a second-generation framework, entitled Strategic Framework for Growth and Poverty Reduction (Cadre Stratégique pour la Croissance et la Réduction de la Pauvreté – CSCRP) 2007-2011, was adopted by the Government in December 2006.

The Strategic Framework 2002-2006 was based on three priority strategic lines of action:

- bring about institutional development, improved governance and participation;
- develop human resources and access to basic social services;
- develop basic infrastructures and the productive sectors.

Difficulties encountered in the implementation of the first Strategic Framework

While the results of the first Strategic Framework were noteworthy, they did not reach the level hoped for. That was largely the result of a difficult international environment (effects of crises and wars in the subregion, a worsening in the terms of trade, the rise in the price of fuel) and difficulties on the national scale due in particular to unforeseen climatic events and natural disasters, the country's landlocked geography, the high costs of factors of production, poor control of population growth and the weakness of the country's social protection mechanisms.

On the basis of the lessons learned from the experience of the first Strategic Framework and the recommendations of the 2004 Geneva Round Table, the Government of Mali drew up a second-generation strategic framework.

The Strategic Framework for Growth and Poverty Reduction, which covers the period 2007-2011, was largely prepared on the basis of the lessons learned from the evaluation of the 2002-2006 Strategic Framework. It is based on three strategic thrusts, which are intended to be mutually reinforcing: development of infrastructures and the productive sector, pursuit of structural reforms and strengthening of the social sector.

This document now constitutes the overarching reference framework for Mali's medium-term development policies and strategies and the principal instrument for negotiating with all of the country's technical and financial partners. It should be recalled that the Strategic Framework is based on the national forecasting study "Mali 2025", carried out between 1997 and 1999 and covering the entire extent of the country, which served to gather the views of the people of Mali and their vision of society over the course of the coming generation. In line with the data thus collected, the President of the Republic drew up the Economic and Social Development Project (Projet de Développement Economique and Social – PDES) which lies squarely within the lines of the Strategic Framework.

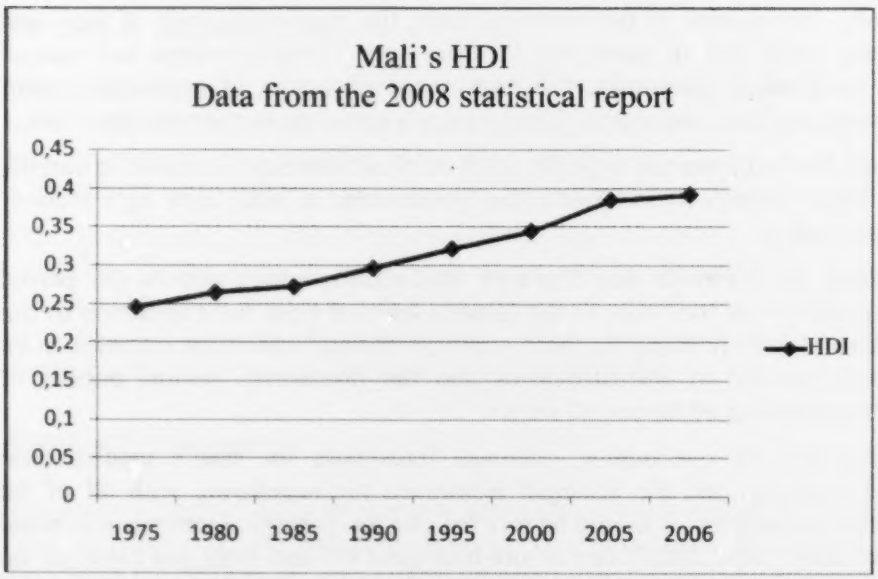
Section 4. Progress so far in the implementation of the Millennium Development Goals in Mali

Goal 1. Eradicate extreme poverty and hunger

A. Progress made in combating poverty

Income poverty diminished to a significant degree between 2001 and 2006. In 2001, 55.6 per cent of the population of Mali was living below the poverty line, as against 47.4 per cent in 2006. However, as a result in particular of strong population growth, the progress made towards reducing poverty remains insufficient to achieve this Millennium Development Goal between now and 2015, despite the noteworthy efforts of the Government of Mali and dynamic assistance from the principal development partners.

According to calculations of the observatory (National Human Development Report, 2008), Mali is progressively improving its level of human development, even if the rate of improvement still places it among the low human development index (HDI) countries. The results for Mali show – and this is the important factor – that in thirty years, the HDI rose by 59.5 per cent. This upward trend of the HDI became more marked between 2000 and 2006 owing to the good results obtained in the areas of growth and progress in the essential social sectors.



B. Progress achieved in combating hunger and malnutrition

Over the past ten years, significant progress has been recorded in the areas of food security and in combating malnutrition.

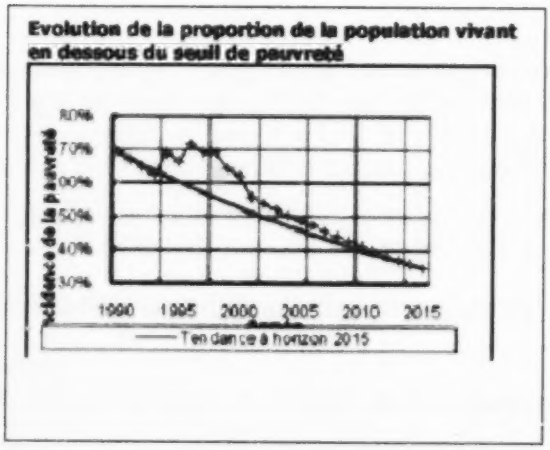
Table 1
Indicators of malnutrition

Levels \ *Year*	*1996*	*2001*	*2006*
Emaciation (weight against height, %)	24.5	11.0	13.3
Weight insufficiency (weight against age, %)	43.3	33.0	27.0

Source: National Statistics Directorate/Health Statistics Department, results of the M population health surveys

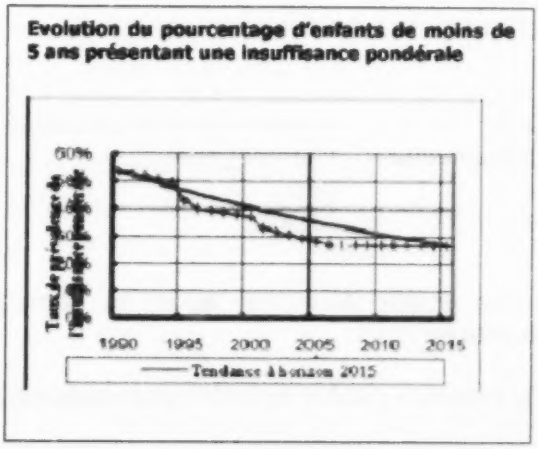
This table shows that the percentage of those suffering from weight insufficiency showed a very noticeable improvement between 1996 and 2006, dropping from 43.3 per cent to 27.0 per cent.

Figure 1
Change in the proportion of the population 5 living below the poverty line



Incidence — Incidence of poverty
Tendance — Trend from now until 2015

Figure 2
Change in the percentage of children under suffering from weight insufficiency



Taux de — Prevalence of weight insufficiency
Tendance — Trend from now until 2015

Goal 2. Achieve universal primary education by the year 2015

Analysis of certain indicators for access shows that progress has been made in the field of education in Mali. The rise in the gross school enrolment rate at primary level demonstrates that as a result of the installation of school infrastructures and the recruitment of teachers, a growing number of children are attending primary school and the discrepancy between boys and girls is gradually shrinking. The gross enrolment rate rose from 77.6 per cent in 2006-2007 to 80 per cent (70.7 per cent for girls) in 2007-2008.

The efforts undertaken to increase literacy have brought about an increase in the rate of literacy from 24 per cent in 2003 to 26.2 per cent in 2006 and 26.4 per cent in 2007.

Figure 3
Net primary school enrolment rate

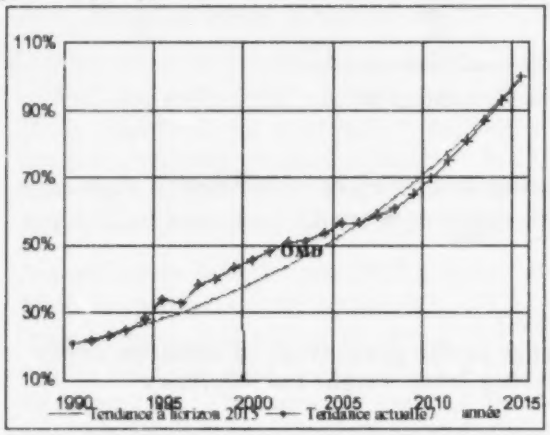
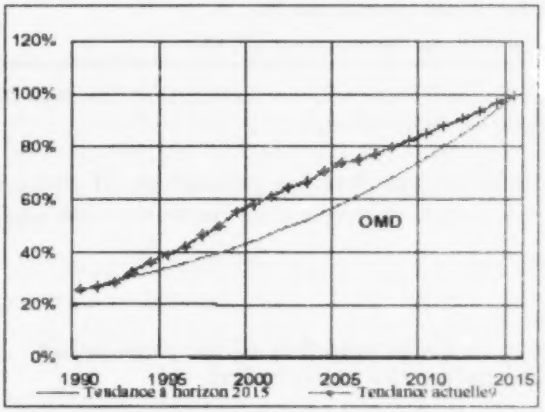


Figure 4
Gross primary school enrolment rate



Source: Education Statistics Department and authors.

Tendance	Trend from now until 2015
Tendance actuelle	Current trend
année	year
OMD	MDG

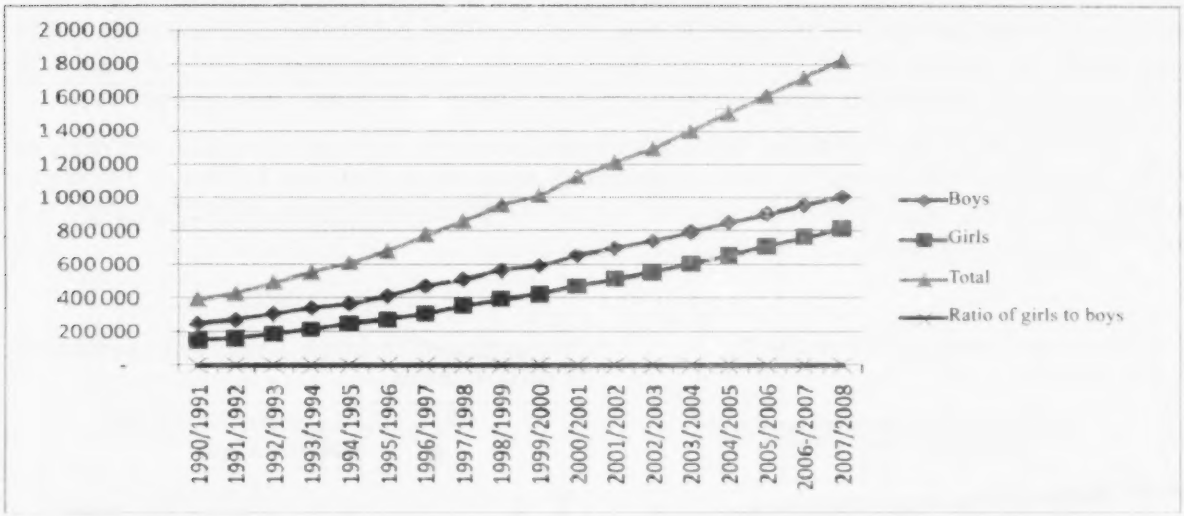
These two graphs show that achieving primary education for all the children of Mali is conceivable by 2015.

Goal 3. Promote gender equality and empower women

The ratio of girls to boys in primary education has developed as follows over the course of the period 1994-2008:

1994: 62 girls per 100 boys; 1998: 68 girls per 100 boys; 2004: 76 girls per 100 boys; 2005: 77 girls per 100 boys; 2006: 79 girls per 100 boys; 2007: 80 girls per 100 boys; 2008: 81 girls per 100 boys.

It can be seen that there has been a significant improvement in the ratio of girls to boys in terms of school enrolment, arising out of a genuine political will and the dynamism of women's associations and NGOs.



Source: From the Malikunnafoni database

Women are underrepresented in all decision-making bodies, both in elected offices and in appointed ones. Their low presence in elected posts is seen right from the level of the political parties, of which only 3 per cent of the leaders are women. This disadvantaged situation in the parties results in turn in a low level of representation of women in other elected posts (8 per cent in the High Council of Local Communities and 15 per cent in the Parliament in 2007).

On the other hand, women are better represented in appointed bodies than in elected ones (23 per cent in the Government and 33 per cent in the Constitutional Court in 2007).

Goal 4. Reduce child mortality

Table 2
Movement of some indicators in the health field, 2001-2006

Year / *Indicators*	*M III PHS 2001*	*M IV PHS 2006*
Total fertility rate	6.8	6.6
Use of modern family planning methods (%)	5.7	6.9
Prenatal consultation (first visit) (%)	47	70
Attended childbirth (%)	41	49
Vaccination coverage against measles (%)	49	68.4
DPT3 vaccination coverage (%)	40	68
Infant mortality/1,000 live births	113	96
<5 child mortality/1,000 live births	229	191
Exclusive breastfeeding (6 months) (%)	25	37.8

In 2001, the results of the M III population health survey (PHS) made it possible to estimate the rate of infant mortality at **113 per 1,000** and that of infant and young child mortality at **229 per 1,000.** The results of the survey thus demonstrated a relative drop in child mortality in Mali, of 10 and 9 percentage points respectively over a decade, or about 1 per cent per year.

Subsequently, this downward trend accelerated, since in 2006 (M IV PHS), the rates of infant and young child mortality were estimated respectively at **96.0 per 1,000** and **191.0 per 1,000**, thus giving significant reductions of 17 and 38 percentage points respectively (or 3.4 and 7.6 per cent per year).

Figure 5
Under-5 mortality rate per 1,000 live births

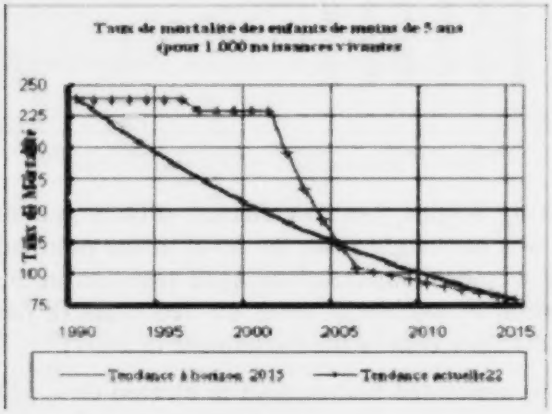
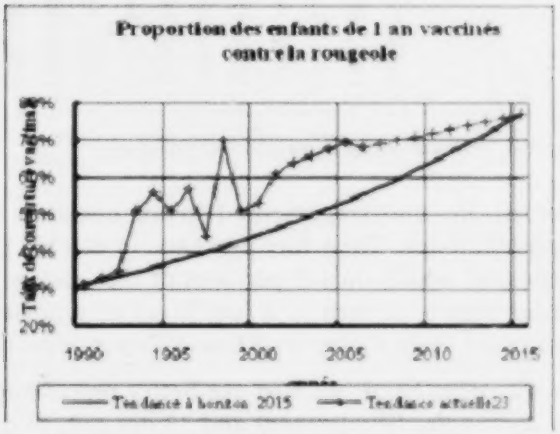


Figure 6
Proportion of children 1 year old vaccinated against measles



Source: PHS and authors.

Taux (left chart) [at left side]	Mortality rate
(right chart) [at left side]	Vaccination coverage rate
Tendance	Trend from now until 2015
Tendance actuelle	Current trend

Goal 5. Improve maternal health

Over the period 1990-2000, the maternal mortality rate varied between 500 and 600 maternal deaths per 100,000 live births.

The proportion of births attended by skilled health personnel shows a clear improvement over the period 2001-2006, rising from 41 per cent to 49 per cent.

Despite this improvement, however, it would appear that it will be difficult to achieve the target expressed in terms of a three-quarters reduction in the maternal mortality rate from 1990 to 2015 without a significant improvement in health development activities and mobilization of sizeable external funding.

Figure 7
Maternal mortality rate per 100,000 live births

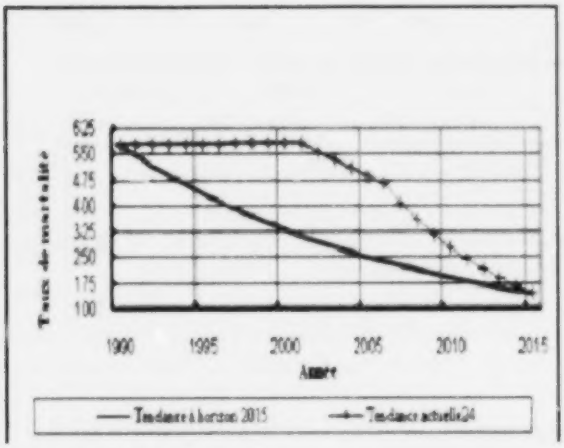
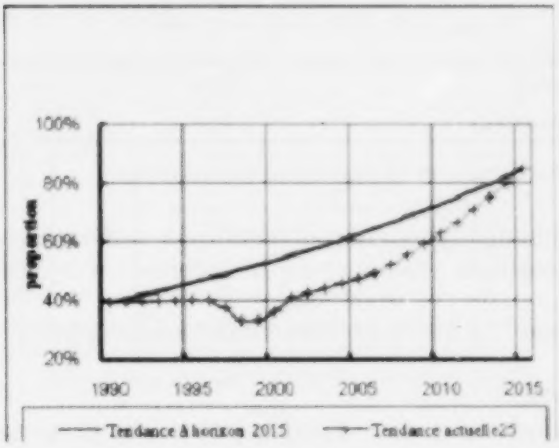


Figure 8
Proportion of childbirths attended by skilled health personnel



Source: PHS and authors.

Taux [at left side]	Mortality rate
Année	Year
Tendance	Trend from now until 2015
Tendance actuelle	Current trend
Proportion (right chart)[at left side]	Proportion

Goal 6. Combat HIV/AIDS, malaria and other diseases

Table 3
Changes in seroprevalence rate (percentage)

Targets / *Year*	*Women*	*Men*	*National*
M III PHS 2001	2	1.3	1.7
M IV PHS 2006	1.5	1	1.3

In 2001, the national seroprevalence rate was **1.7 per cent,** with a rate of 2 per cent for women as against 1.3 per cent for men. By 2006, the rate of seroprevalence had dropped to **1.3 per cent** nationwide, with 1.5 per cent for women and 1 per cent for men. The most affected age group comprises the 30 to 34-year-olds. The scourge remains more of an urban phenomenon than a rural one. The progress made in the fight against HIV/AIDS has to do with several intervention strategies including, among others, intensification of activities of awareness-raising and advocacy, voluntary and anonymous screening and the provision of antiretroviral (ARV) therapy without charge.

Table 4
Development of the incidence of malaria and tuberculosis

Year / *Disease*	*2002*	*2003*	*2004*	*2005*	*2006*
Malaria	67.16	72.96	74.57	82.35	85.3
Tuberculosis	0.56	0.42	1.18	0.30	0.70

Source: Ministry of Health and Social Affairs

Although there are programmes to combat malaria and tuberculosis, the incidence of these two diseases is constantly on the increase, as is shown by the table above.

Goal 7. Ensure environmental sustainability

Table 5
People's access to drinking water, by geographical area

	Chronological series for the rate of access to drinking water (percentage)									
Area	*1990*	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*Source*
Rural	37.70	46.40	56.90	60.60	62.50	64.30	63.70	67.60	69.91	CPS/MMEE-DNH*
Urban	53.20	58.70	57.10	59	66.30	70.20	76.70	75.90	76.34	CPS/MMEE-DNH*
National	41	49.90	57	60.10	63.80	66.10	67.40	70.10	71.71	CPS/MMEE-DNH*

* Statistical Department, Ministry of Mining, Energy and Water – National Directorate for Water Facilities.

In the area of development of water resources, major progress has been made in the access of both urban and rural populations to sources of drinking water. The proportion of the rural population with access to an enhanced source of water (tap, public fountain, bore-hole, large-diameter well) increased from 37.70 per cent in 1990 to 69.91 per cent in 2008. There was also a significant increase in the urban areas, from 53.2 per cent in 1990 to 76.34 per cent in 2008. This trend is reflected at national level: in 1990, 41 per cent of households in Mali had access to drinking water while the figure had reached 71.7 per cent by 2008.

Figure 9
Proportion of the population with access to an enhanced source of water in urban areas

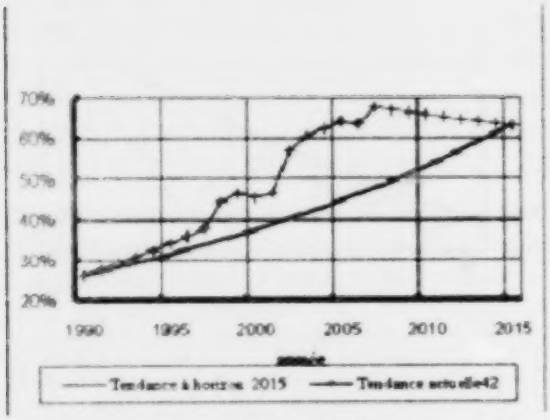
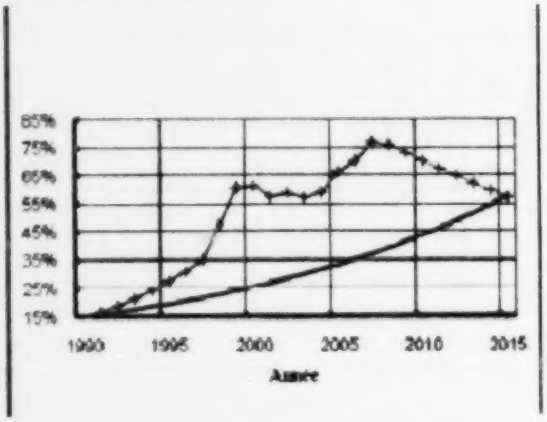


Figure 10
Proportion of the population with access to an enhanced source of water in rural areas



Source: From the Malikunnafoni database, 2008.

Tendance	Trend from now until 2015
Tendance actuelle	Current trend
Année	Year

Goal 8. Develop a global partnership for development

Between 1993 and 2007, official development assistance (ODA) received by Mali amounted as an annual average to approximately 11 per cent of GDP. Mali benefited from the 2006 bilateral debt cancellation initiative for the Highly Indebted Poor Countries (HIPC) and from the Multilateral Debt Relief Initiative (MDRI), which resulted in a significant drop in the country's level of indebtedness.

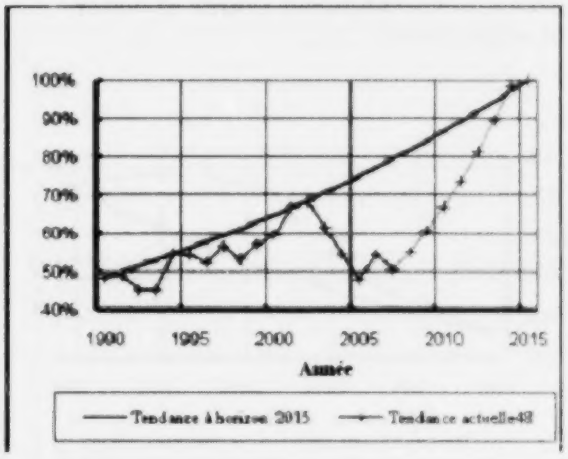
Mali subscribed to the Paris Declaration and established an Aid Harmonization Secretariat (Secrétariat pour l'Harmonisation de l'Aide – SHA) in 2008. Most of the technical and financial partners opted to provide global budgetary support as well as sectoral support, with the intention of improving the predictability of official development assistance.

In June 2008 Mali organized a donors' round table in Bamako with the aim of mobilizing the external funding necessary for the execution of its development programmes and policies. However, the whole amount of resources that will be needed to achieve the Millennium Development Goals has not yet been effectively mobilized.

The financial crisis could have a severe impact on Mali's development assistance, with a risk of jeopardizing the funding of development and thus of the Ten-Year Plan for the Achievement of the MDGs. A further challenge arising is that of mobilizing internal resources: Mali is highly dependent on the outside world for funding its development and major efforts have still to be made in order to mobilize internal financing and make use of savings and credit in the country.

Figure 11
ODA as percentage of GDP

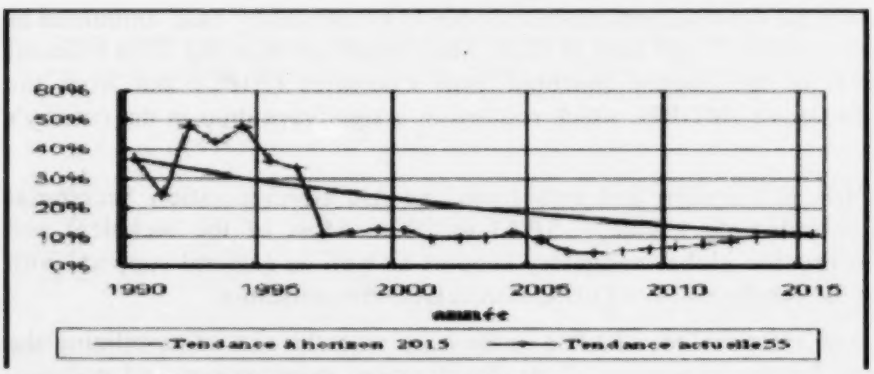
Figure 12
Openness of the economy of Mali



Source: From the Malikunnafoni database.

APD [left side]	ODA as % of GDP
Année	Year
Tendance	Trend from now until 2015
Tendance actuelle	Current trend

Figure 13
Development of debt service as percentage of exports of goods and services



Source: From the Malikunnafoni database, 2008.

Année	Year
Tendance	Trend from now until 2015
Tendance actuelle	Current trend

Section 5: Progress made, constraints encountered and lessons learned in the implementation of the national development strategies

In terms of macroeconomic performance, in 2008 Mali implemented, with assistance from technical and financial partners, a number of reform programmes which made it possible: (i) to achieve an average rate of growth of 5.9 per cent, (ii) to keep inflation below 3 per cent and (iii) to make progress in stabilizing public finance. These results also allowed the country to reach the completion point under the Highly Indebted Poor Countries Initiative (HIPC) in 2003 and to benefit from the Multilateral Debt Relief Initiative (MDRI) in 2006.

In the area of combating poverty, the situation has significantly improved, in that in 2006 47.4 per cent of the population was living below the poverty line (157,920 CFA francs per year), as against 55.6 per cent in 2002. The depth of poverty has gone down by 4.5 points, from 21.2 per cent in 2001 to 16.7 per cent in 2006, which shows that while the poor are still poor, they have seen some improvement in their situation. Further, inequalities have diminished both at national level and in the rural areas. Although malnutrition is still a public health problem in Mali, data show that weight insufficiency has seen a considerable drop, from 43.3 per cent in 1996 to 27.0 per cent in 2006.

However, as a result in particular of strong population growth, the progress made towards reducing poverty remains insufficient to achieve this Millennium Development Goal between now and 2015, despite the noteworthy efforts of the Government of Mali and dynamic assistance from the principal development partners.

In the field of basic education, the gross school enrolment rate has seen the following changes: 64.4 per cent in 2002, 67 per cent in 2003, 70.5 per cent in 2004, 74 per cent in 2005, 75 per cent in 2006, 77.6 per cent in 2007 and 80 per cent in 2008. Between 2006 and 2008, the gross entry rate went up from 74.2 per cent to 79.4 per cent. The gross school enrolment rate for girls is 70.7 per cent, as against 89.5 per cent for boys: a discrepancy of 19 points in the index of parity between girls and boys. This discrepancy has been reduced considerably as a result of the multiple efforts made towards girls' schooling. This progress achieved as a consequence of the implementation of the Ten-Year Programme for Development of Education (Programme Décennal de Développement de l'Education – PRODEC) and the support of the technical and financial partners makes it still conceivable that the objective of primary schooling for all of the children of Mali by the year 2015 can be achieved. However, the rate of illiteracy is fairly high, in particular in women. The efforts currently under way will need to be enhanced and accelerated. Generally speaking, the Government has undertaken to redouble its efforts for the implementation of the Ten-Year Programme to obtain better results, notably in the overall quality of the educational system.

In the area of empowerment of women, Mali has ratified the Convention on the Elimination of All Forms of Discrimination against Women. However, as a general rule women in Mali remain faced with severe handicaps in the economic, legal, institutional, socio-cultural and technical spheres. Nevertheless, it should be noted that there has been a significant improvement in the ratio of girls to boys in terms of school enrolment, arising out of a genuine political will and the dynamism of women's associations and NGOs. The percentage of women

in elected offices was 6.4 per cent in 2008. There were 15 women parliamentarians out of a total of 147, in other words a representation of 10.2 per cent. Women are less well represented among the mayors: seven female mayors out of a total of 703.

However, the proportion of women in the government has gradually increased: there were three female ministers in 1995 and by 2007 there were seven women in the government.

In the health sector and the fight against HIV/AIDS, the implementation of the Ten-Year Health and Social Development Programme 2005-2009 (Programme de Développement Sanitaire et Social - PRODESS II) has brought about a significant reduction in neonatal, infant and under-five mortality as well as in maternal morbidity and mortality. Shortcomings in nutrition and infectious diseases have also dropped considerably. The significant progress achieved in the fight against HIV/AIDS has to do with several intervention strategies including, among others, intensification of activities of awareness-raising and advocacy, along with the mobilizing activities of the Executive Secretariat of the High National Council to Combat AIDS (Haut Conseil National de Lutte contre le SIDA - SE/HCNLS) which reports directly to the Office of the President, as well as the operationalization of the anti-HIV/AIDS cells in each sectoral department. The provision without charge of antiretroviral (ARV) therapy has also constituted a significant advance in prevention and management of HIV/AIDS in Mali.

The health sector has seen significant changes in the areas of planning, programming, follow-up and evaluation, and is making efforts to manage epidemiological surveillance with a progressive improvement in the relevant indicators. However, the level of effort being made to implement the policies and strategies to combat disease means that the Millennium Development Goals will not be achieved by the intended deadline unless there is an intensification of the response and a major degree of outside assistance.

Environment, drinking water and sanitation

Although Mali adopted its National Environment Protection Policy in 1998, and has signed several relevant international legal instruments, such as the Convention on Biological Diversity, the United Nations Convention to Combat Desertification and the United Nations Framework Convention on Climate Change, there are still major pressures on the environment and the management of natural resources. In 2007 the country drew up a National Sanitation Policy. In the area of development of water resources, major progress has been made in the access of both urban and rural populations to sources of drinking water, to the extent that in 2008, 71.7 per cent of households in Mali had access to drinking water, with a figure of 76.34 per cent for urban areas as against 69.91 per cent for the rural ones (Source: Statistical Department, Ministry of Mining, Energy and Water – National Directorate for Water Facilities).

In the agricultural sector and the fight against hunger, in order to turn Mali into an agricultural power, the Strategic Framework and the Master Rural Development Plan (Schema Directeur de Développement Rural – SDDR) have been provided with instruments and policies based on a voluntary approach, such at the Agricultural Guidance Act, the National Irrigation Development Strategy, with a government land improvement plan to provide 100,000 hectares with total control of water needs between 2003 and 2007, the Rice Initiative, the National Stockbreeding Policy with a five-year programme for improvement of pasture land, and the

National Food Security Programme. The Agricultural Guidance Act has made agriculture one of the economic development priorities, and incentive measures have been taken to attract investors to this sector, to modernize it and increase its performance. In order to make progress towards the Millennium Development Goals in this area and to achieve the central objective of the fight against hunger and malnutrition, Mali has set about promoting agriculture that is productive, diversified, sustainable and integrated, as well as accelerating the rate of performance of improvements to supply water to agriculture (100,000 hectares, including 60,000 hectares falling within the "Offices du Niger" irrigation scheme). It has also undertaken to open up the regions of production and to integrate the agricultural and agro-food markets, and to facilitate access to agricultural credit, to encourage the provision of equipment to farmers, stockbreeders and fishermen and to strengthen the dynamics of governance and the capacities of the actors and beneficiaries both centrally and decentrally.

In the area of food security, no region is identified as being at high risk of food shortages, following the 2007 rainy season. Furthermore, food security will be enhanced by an initiative under the National Food Security Programme covering the 166 most vulnerable communes, the establishment of cereal banks in every commune in the country, an increase in the national food security stocks and ongoing monitoring of the food situation through an uprated early warning system.

In the energy sector, in March 2006 the Government adopted a National Energy Policy document, the main objective of which is to contribute to the sustainable development of the country by supplying services accessible to the greatest possible number and at the lowest possible cost – services which will simultaneously stimulate socio-economic activities and the provision of improved services. In order to achieve this, the Government intends, among other undertakings, a reinforcement of the institutional and regulatory framework in the energy sector, the creation and implementation of a powerful system of energy planning, the development of domestic energy and rural electrification, the promotion of renewable energy sources and alternatives to traditional fuels, the development of an interconnected national network, and linkups with the electricity systems of the other countries of the subregion. The level of access to electricity nationwide was 19.39 per cent in 2006, rising to 22.53 per cent in 2007 and to 25.41 per cent in 2008. In the urban areas the level was 56.23 per cent in 2006, it dipped to 55.58 per cent in 2007 and then rose to 58.19 per cent in 2008. In the rural areas it was 4.75 per cent in 2006, rising to 8.23 per cent in 2007 and to 11.23 in 2008. With regard to the supply of oil products to the country, the Government has been making efforts to diversify its sources of supply and to improve the organization of the operators in order to bring about a steady decrease in the amount being spent on oil.

In the transport sector, the **"Policy Document for the Transport Sector in the framework of the Transport Sector Project II 2008-2012"**, adopted by the Government in April 2007, includes an investment programme making allowance for the following aspects: (i) ongoing and periodic maintenance of the priority network, (ii) development and modernization of the road transport system, (iii) restoration of the railway infrastructure and modernization of the rolling stock, (iv) development of the infrastructures and modernization of the equipment at the Bamako-Sénou international airport and the domestic airports, (v) dredging of navigable canals

and procurement of suitable waterway transportation equipment as well as construction of quays and river ports and (vi) development of urban roadways.

In the area of employment, 72.7 per cent of the population of working age (15-64 years) is employed and 7.7 per cent is unemployed. In other words, seven individuals for every ten in the population of working age are in fact participating in economic activities in the country. The rate of employment at national level is approximately 79 per cent for men and 67 per cent for women. The capital Bamako has the lowest rate of employment (46 per cent), followed by the other towns (64 per cent) and then the rural areas, where the employment rate is the highest (79 per cent). Overall, women are more affected by unemployment than men.

The Ministry of Employment and Vocational Training has invested around 20 billion CFA francs in activities to promote employment and vocational training, throughout the country. These investments and various forms of activities have made it possible to increase the number of new jobs created. For example, in 2008, the employment services recorded 26,224 new jobs created (permanent and temporary, public and private) and significant efforts have been invested in the areas of social protection and combating vulnerability.

In Mali, the quality of governance remains a measure of success of development policies and programmes. Political and institutional reforms have contributed to the consolidation of the democratic process, being based on noteworthy practices and strategies in the field of governance. Particular examples here are (i) Law No. 93-008 of 11 February 1993 laying down the conditions for the free administration of the Local Communities, (ii) Law No. 029 of 23 July 2008 relating to the authority regulating public procurement contracts and the provision of public services, (iii) the Democratic Appeals System, which is a practice unique in the world allowing any citizen to appeal directly to the Government concerning acts which he or she considers to infringe the human rights set forth by it; (iv) the institution of the Auditor General or (v) the concept of the border country which allows for enhanced cross-border cooperation and regional integration. Other examples are the adoption by the National Assembly of the law creating the Family Code, the adoption by the Government of the abolition of the death penalty and the establishment of a reliable civil registry and electoral roll. The governance challenges involved in achieving the MDGs are fully understood by the Government, civil society and the private sector, all of whom are striving to make the most of management of policies and strategies based on results and impacts. This involves in particular the phenomenon, a critical factor, of corruption and the well-known weakness and inadequacy of the human resources and the physical materials in the public administration. The Government is working hard on strengthening the human resources and on enhancing the quality of the services for the users, through implementation of the Institutional Development Programme (Programme de Développement Institutionnel – PDI). The Government is also deeply involved in the implementation of the Government Action Plan for Improvement and Modernization of the Management of Public Finances (Plan d'Action Gouvernementale pour l'Amélioration et la Modernisation de la Gestion des Finances Publiques – PAGAM/GFP) and with issues of external aid, which needs to be made more predictable and must be better integrated into national procedures in order to create the conditions for generalized provision of budgetary support.

With regard to the **strengthening of the rule of law and public freedoms**, it should be stressed that Mali's situation is a relatively good one, and that the country has become a party to most of the relevant conventions. Political rights; freedom of expression, of the press and of association; freedom of thought, conscience and religion are enshrined in the Constitution and are generally properly respected. However, the legal system is inadequate and in need of support in terms both of capacity and of training. In this area the Government has initiated and implemented the Ten-Year Justice Development Programme (Programme Décennal de Développement de la Justice – PRODEJ), the objective of which is to facilitate the citizenry's access to justice, develop alternative conflict resolution procedures, enhance the credibility of the decisions of the justice system and guarantee protection of public and individual freedoms.

With regard to decentralization, there is not yet any evidence that the process is having any impact on people's level of poverty, given the low level of financial and technical capacity of the communities, the limited degree of transfer of skills and resources of the State to the communities, the insufficient support from the Council of State, and the fact that a mechanism for participation by the population is not yet operational. The Government has fully committed itself to the complex handover, laying the foundations for a real transfer of skills and resources, as stipulated by the laws of the Republic. At the present time, genuine advances in the transfer of skills and resources are beginning to be observed, to a slow and hesitant degree, in the fields of education, health and water supply.

Civil society, organized in consortiums or forums, is gradually becoming a credible and constructive counterpart to the Government and the development partners, capable of influencing decisions in a detailed and strategic way at national and local levels. The programme intended to increase the dynamism of civil society's participation in the preparation, implementation, tracking and evaluation of the Strategic Framework to Combat Poverty has created a useful opportunity for civil society to become involved in a professional manner in the improvement of and follow-up to the implementation of the Strategic Framework for Growth and Poverty Reduction.

Section 6. Challenges and successes

The accelerated growth strategy and the lines of action under the Strategic Framework for Growth and Poverty Reduction 2007-2011 are intended to achieve long-lasting and sustainable growth, capable of improving the country's socio-economic situation and facilitating the achievement of the MDGs. Nevertheless, several bottlenecks due to an unfavourable international and national environment go a long way to explain the only modest results obtained. The challenges to be overcome in order to achieve the Millennium Development Goals by 2015 involve ensuring the competitiveness of the economy of Mali in a context of a dynamic process of regional integration and evolutionary globalization, diversifying the sources of growth in order to widen the range of goods and services on offer and turning the private sector into the main motor of growth. However, the country remains prey to unexpected climatic events and the volatility of international prices for basic products.

In terms of successes in the implementation of national development strategies, reference may be made to the progress achieved in the area of food security, the striking advances in reaching

most of the indicators to do with basic education, the reduction in health costs for households, the achievements in the fight against HIV/AIDS, in terms of prevention and management of the pandemic, **the implementation of the "Compact" whose general objective is to define a single and harmonized framework for increasing and improving aid effectiveness in the health sector in order to achieve the MDGs**, and the widening of the supply of drinking water. Additionally, even if the level of the transfers of resources and skills is not yet effective in the process of decentralization, the current tendency is relatively favourable. Numerous initiatives to promote decentralization and regionalization are in progress in Mali. Attention should also be drawn to the ongoing operationalization of the National Action Plan for Employment, which is an essential component of poverty reduction, as well as the dynamism of the partnership framework and the existence of a tracking and evaluation system for the Ten-Year Plan 2006-2015 to Achieve the Millennium Development Goals in Mali.

Furthermore, in addition to having drawn benefit from the experience of the **"Millennium Villages"** in order to increase the chances of achieving the Millennium Development Goals by 2015, the Government has initiated an innovative project involving **local work on the MDGs in the 166 communes** most vulnerable to food crises. This project has been brought to the attention of the development partners and should make a qualitative contribution to poverty reduction and consolidation of peace and security in the north of the country. This large-scale programme could accelerate the implementation and the dynamic process of taking ownership of the Millennium Development Goals by the beneficiary populations.

According to the principal conclusions emanating from the First Report Tracking the Implementation of the MDGs in Mali (Premier Rapport de Suivi de la Mise en Œuvre des OMD au Mali) (2005), at the present rate of implementation of the policies and strategies to execute the development programmes and projects, the country will not be able to achieve **all of the Millennium Development Goals** by the target date of 2015. However, in certain areas such as food self-sufficiency, universal primary schooling and access to drinking water there are grounds for hope, provided that the efforts already undertaken are maintained or intensified and that Mali's development partners are able to keep to their commitments.

The drafting and the implementation of the Ten-Year Plan 2006-2015 to Achieve the MDGs in Mali could prove the key to reversing the trends between now and 2015.

Section 7. Partnership and funding needs

In the area of partnership, the Government is striving to make the most of active diplomacy and the promotion of quality public/private partnerships. However, mobilizing development aid and attracting foreign direct investment constitute a major hurdle to be overcome if the Millennium Development Goals are to be achieved. Mali organized a donors' round table in Bamako on 12 and 13 June 2008, following on from the one in 2004, which enabled the country to strengthen the coordination and mobilization of resources with its technical and financial partners, through identifying the ways and means to accelerate growth and the progress towards the MDGs and to record major financing commitments to assist it to carry out its development efforts. Mali was one of the very first countries to subscribe to the principles

of the Paris Declaration and made a major contribution to the Third High-Level Forum on Aid Effectiveness, held in Accra.

The country is making an effort to manage its external debt in an effective manner in order to gain the benefit of relief measures. It has even succeeded in negotiating with several technical and financial partners the integration of external funding into its national budgetary procedures.

At the institutional level, it may be noted that there are regular sessions of the "Mali – Development Partners" Joint Commission which draw benefit from high-level political dialogue, and that the Aid Harmonization Secretariat has been made operational in order to implement the action plan under the Paris Declaration, adopted in April 2007, and to ensure that it is followed up on. For their part, the partners have established a technical pool and drawn up a road map to support the implementation of the Paris Declaration, in particular including the definition of a common country assistance strategy (Stratégie Commune d'Assistance Pays – SCAP).

The funding needs have been estimated and will require a major contribution from the development partners. Specifically, the implementation of the programmes of the Strategic Framework for Growth and Poverty Reduction – Economic and Social Development Project, and of the Millennium Development Goals, will require a total of around 8,676 billion CFA francs for the period 2008-2012. Of that total, 5,865 billion CFA francs can be raised from the national budget and from the projects and programmes financed by the technical and financial partners. The shortfall amounts to 2,810 billion CFA francs, or approximately 5.7 billion US dollars. The funding that still needs to be found may be divided up among the various actors as follows:

- Technical and financial partners: 2,070 billion CFA francs (approximately 4.1 billion US dollars), or 74 per cent;
- Government: 388.778 billion CFA francs (approximately 0.8 billion US dollars), or 14 per cent;
- Beneficiaries: 352 billion CFA francs (approximately 0.7 billion US dollars), or 13 per cent of the total.

The financial crisis could have a severe impact on Mali's development assistance, with a risk of jeopardizing the funding of development and thus of the Ten-Year Plan for the Achievement of the MDGs. A further challenge arising is that of mobilizing internal resources: Mali is highly dependent on the outside world for funding its development and major efforts have still to be made in order to mobilize internal financing and make use of savings and credit in the country.

An effective mechanism for coordination, follow-up and evaluation, together with an effective results-based management system, has been put in place for implementation of the Ten-Year Plan.

Section 8: Conclusions and prospects

As against a forecast of 7 per cent, the economy of Mali grew by 5.9 per cent in 2008, compared with 4.3 per cent in 2007. The shortfall is essentially the result of an unfavourable

international environment, marked by a series of global crises which have had a major impact on the country's economy. At the macrobudgetary level, Mali has benefited from resources from the Multilateral Debt Relief Initiative, as well as from those from the HIPC Initiative.

Halving poverty between now and 2015 is possible but its complete elimination is not, in particular because of inequalities and the severe population pressure which together seem to constitute a major drag on combating poverty in Mali.

Significant advances have been recorded in the fields of food self-sufficiency, primary education, people's access to drinking water and the fight against HIV/AIDS. However, sustained efforts will have to be deployed in the fields of health, environmental protection, gender equality, governance and partnership in order to achieve the Millennium Development Goals by the target date of 2015.

Mali has quite significant economic and social assets which can guarantee strong growth and sustainable development. With a view to accelerating the progress being made towards achieving the MDGs by the target date of 2015, the Government has already identified new sources of growth, which will be prudently exploited. Public infrastructures will be strengthened and diversified, particularly within the energy and transport sectors. The business environment will be enhanced in order to promote investment, generate wealth, create jobs and reduce unemployment. At the same time, the structures of the Government will be refocused on leadership functions, strengthened and enhanced in performance. It should be stressed in this regard that the efforts towards achievement of the Strategic Framework for Growth and Poverty Reduction and the Millennium Development Goals entail a shared responsibility, with involvement of the Government of Mali, the Malian people and the international community. In this regard, full use should be made of the opportunities which are offered by the global partnership for development, the dynamics of regional integration and the mobilization of sources of financing at local level, with the goal of reducing the uncertainties related to external aid and progressively lessening the country's dependence on such aid.

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Letter dated 8 June 2009 from the Chargé d'affaires a.i. of the Permanent Mission of the Plurinational State of Bolivia to the United Nations addressed to the President of the Economic and Social Council

It is my pleasure to attach hereto the national report of Bolivia entitled "Fulfilment of the Millennium Development Goals" for the annual ministerial review to take place in Geneva from 6 to 12 July, 2009 (see annex).

I would be very grateful if you could kindly arrange for this letter and its annex to be distributed as a document of the Economic and Social Council document under item 2 (b) of the provisional agenda.

(*Signed*) Pablo **Solón**
Alternate Permanent Representative
Chargé d'affaires a.i.

* E/2009/100.

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Annex to the letter dated 8 June 2009 from the Chargé d'affaires a.i. of the Permanent Mission of the Plurinational State of Bolivia to the United Nations, addressed to the President of the Economic and Social Council

National voluntary presentation of the Report of Bolivia

Annual ministerial review of the Economic and Social Council

Fulfilment of the Millennium Development Goals

La Paz, June 2009

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National voluntary presentation of the Report of Bolivia

Annual ministerial review of the Economic and Social Council

Fulfilment of the Millennium Development Goals

La Paz, June 2009

Context

After more than 500 years of rebellion against the invasion and the permanent plundering of our country; after more than 180 years of resistance against a colonial State; and after 20 years of constant struggle against a neoliberal model, a new Bolivia has been born as the result of the full exercise of democracy. With ample citizen participation, in January 2009, we Bolivians adopted the New Political Constitution of the Plurinational State of Bolivia. Our new Magna Carta includes, for the first time, our indigenous [illegible] native peoples, as well as others previously excluded.

Based on the structural, social, and economic changes proposed and promoted by social movements and native peoples, the Plurinational State of Bolivia, during the administration of its fraternal President, Evo Morales Ayma, has forged a new vision for the country, using, to that end, an effective tool for uprooting the profound inequality and social exclusion that have oppressed most of the Bolivian population. That tool is the National Development Plan (NDP).

In the NDP, the country's economic development is planned in such a way as to exercise and advance national sovereignty by virtue of the social mandate conferred in the Plurinational State. It is essential to coordinate the implementation of the economic and social policies being executed through a new concept of how economic policies and strategies are to be developed in order to establish a new model of development; a new social and communitarian approach; a new productive input-output structure and new international relations, by promoting the effective participation of social, community, citizen-driven and productive organizations aimed at eradicating poverty and social inclusion.

The strategic guidelines of the National Development Plan with its four pillars ("A Dignified, Sovereign, Productive and Democratic Bolivia to 'Live Well'") involve the formulation of development policies, strategies and programmes for Bolivia in all sectoral and regional spheres, based on:

1) Their contribution to the transformation of the country by dismantling the development model rooted in colonialism and neoliberalism and Bolivia's role as an exporter of raw materials;

2) Realization of the development paradigm embodied in the "Live Well" philosophy, which forms part of our cultures. The "Live Well" philosophy basically rests on the complementary nature of access to and enjoyment of material goods, on the one hand, and emotional, subjective and spiritual fulfilment, on the other, in harmony with nature and in a community of human beings;

3) Their contribution to the construction of a new plurinational State as the promoter and protagonist of social, communitarian development in which wealth, income and opportunities are equitably redistributed;

4) The development of a balanced form of coexistence, with equitable arrangements whereby the State economy complements the communitarian economy based on productive processes driven by social and community organizations, micro- and small entrepreneurs, craftsmen, small farmers' organizations, productive organizations, and urban and rural communities and associations: in short, the Plural Economy;

5) The promotion of integral development through the forging of a new model of diversified and integrated development and the eradication of poverty, social inequality and exclusion;

6) The development, as a matter of priority, of the cross-cutting forces of equity, innovation, environmental stewardship, and risk management.

The pillars of the National Development Plan are:

A DIGNIFIED BOLIVIA. This means eradicating poverty and inequity, so as to arrive at an equitable distribution and/or redistribution of income, wealth and opportunities. It involves all sectors generating assets and social conditions, as well as intersectoral Social Protection and Communitarian Integral Development policies, strategies and programmes.

A DEMOCRATIC BOLIVIA. This means building a society and a plurinational, socio-communitarian State, in which the people wield social and communitarian power and share responsibility for decisions regarding their own development and that of the country. It comprises all sectors striving to achieve better governance, transparency, and communitarian social power.

A PRODUCTIVE BOLIVIA. This has to do with the transformation, integrated change and diversification of the pattern of production. It involves developing integral productive complexes and generating surpluses, income and employment with a view to changing the model whereby Bolivia exports only raw materials. It comprises the strategic sectors generating surpluses and the sectors generating employment and income. There are also cross-cutting links with the infrastructure sectors needed to develop and support output.

A SOVEREIGN BOLIVIA. This means constituting a State that plays its part in the international arena as a sovereign, independent state, with its own identity, by pursuing a foreign policy in which political and diplomatic action is shaped by the participation of the country's peoples and by the sustainable protection of its natural resources and biodiversity. This Bolivia will be forged by the sectors responsible for foreign affairs and international economic relations.

The development concept and the pillars of the National Development Plan strike a balance between the changes desired and the macroeconomic sustainability of the country as a tool that will help implement the aforementioned strategies, in such a way that the policies pursued will reinforce economic recovery and foster greater social justice. Social considerations are no longer regarded as "adjustment variables" for economic growth policies. Instead, they now

constitute the principal function of the State, which will be both promoter and protagonist in generating the conditions of equity needed to achieve those goals.

In other words, the National Development Plan dismantles not just the economic provisions, but also the political, cultural, colonial and neoliberal structures erected by the dominant culture and which are embedded in the hidden interstices of the state apparatus as well as in the minds of people warped by individualist practices to the detriment of the principles that once governed the native peoples of this region, such as solidarity, complementarity and reciprocity.

From this perspective, "Living Well" is directly related to people's well-being – that is to say, with additional routine aspects of their daily lives – and to that of the social groups with which they interact. Here what matters is having a decent full-time job with sufficient income, decent housing, adequate food, education, transport, electricity, water, sewage systems, and other materially and physically satisfying facilities in perfect harmony with nature.

With this approach, through its NDP and the new Political Constitution of the Plurinational State, the country expresses its determination to eradicate social exclusion and substantially reduce inequalities and inequities in the framework of a new vision: one that aims to surpass, quantitatively and qualitatively, the Millennium Development Goals to which our country, too, is committed.

The world is currently undergoing a global crisis which will limit the ability to attain those MDGs. The target deadlines set therefore need to be rethought, bearing in mind the responsibility that the countries causing this crisis must assume.

I. Paper on: "Progress towards achievement of the Millennium Development Goals"

The monitoring of the MDGs in Bolivia

Bolivia has so far compiled five MDG progress reports. The three most recent publications were drawn up in the framework of the Interagency Committee on the Millennium Development Goals (CIMDM). This Committee, comprising the social sectors,[1] the Social and Economic Policies Analysis Unit (UDAPE), the National Statistics Institute (INE), the Vice Ministry of Public Investment and External Funding (VIPFE) and the Budget and Accounting Offices, was established to promote MDG monitoring and follow-up by identifying pertinent indicators, projecting their performance over time and defining targets tailored to conditions in Bolivia.

This paper attempts to update the information contained in the *Fifth Report on Progress toward the Development Goals* in Bolivia, based on new survey findings and administrative records. The MDG monitoring indicators presented in this report were, in most cases, updated using preliminary data for 2007 and 2008.

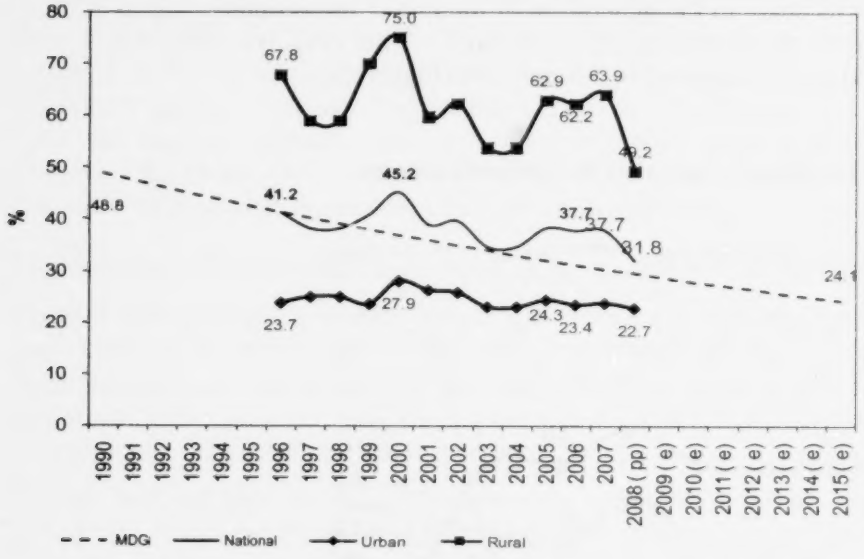
[1] Currently, the CIMDM includes the following sectors: health, education, water and basic sanitation, regional planning and environment, biodiversity, forest resources and environment, and gender and generational issues.

Goal 1: Eradicate extreme poverty and hunger

Proportion of the population living in extreme poverty

The incidence of extreme poverty or indigence is the percentage of people with income below the cost of the basic food basket.[2] Over the past 10 years, the proportion of persons living in extreme poverty declined 9.4 percentage points, from 41.2 per cent of the total population in 1996 to 31.8 per cent in 2008 (Figure 1). However, it is worth noting that the most marked reduction (6 percentage points) occurred in 2007 and 2008.

Figure 1
Changes in the incidence of extreme poverty



Source: Social and Economic Policies Analysis Unit (UDAPE) based on INE Household Surveys. (pp) Preliminary figures subject to revision. (e) Projected.

Broken down into urban and rural areas, the data show that extreme poverty has declined in both areas since 2000, with the sharpest decline occurring in rural areas. The proportion of persons living in extreme poverty in rural areas fell from 75 per cent in 2000 to 49.2 per cent in 2008 (26 percentage points); in urban areas it fell from 27.9 per cent to 22.7 per cent (5.2

[2] Extreme poverty lines have been defined based on the construction of a basic food basket (BFB) containing a set of products that are sufficient to provide an adequate intake of calories, proteins, and other nutrients, calculated according to the average body mass of individuals and their physical activity (ECLAC-UDAPSO, 1995). The specified products for the urban area BFB are the same as those used to compile the Consumer Price Index. For 2008, in urban areas, the BFB (extreme poverty line) averaged Bs. 318.1 (US$ 45) per person per month, while in rural areas it was Bs. 260.3 (US$ 37) per person per month.

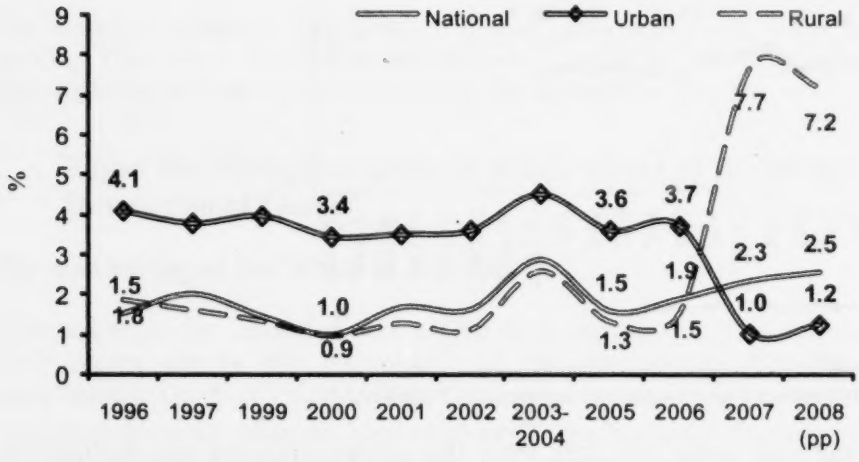
percentage points). Despite these improvements, the proportion of people living in extreme poverty in rural areas is 1.17 times greater than in urban areas.

The sharp fluctuations of extreme poverty in rural areas reflect the vulnerability of the inhabitants of those areas to adverse events, such as natural disasters or economic downturns, such as those that occurred in 1999 and 2000, when extreme poverty in rural areas was 70 per cent and 75 per cent, respectively.

Share of the poorest quintile in national income

One income distribution indicator is the share of national income corresponding to the poorest quintile of the population.[3] The performance of this indicator shows that, over 12 years, the poorest quintile increased its share in the generation of income in the economy. Up to 2005, the share of income generated by the poorest quintile averaged 1.7 per cent. By 2008, that is to say, in the past three years, that share increased to 2.5 per cent (Figure 2).

Figure 2
Changes in the share of the poorest quintile in national income



Source: UDAPE, based on INE Household Surveys. (pp) Preliminary figures subject to revision. (e) Projected.

A breakdown into urban and rural areas reveals large discrepancies between areas. In 2008, the poorest quintile in urban areas helped generate 1.2 per cent of total urban income. In contrast, the poorest quintile in rural areas generated 7.2 per cent of rural income. It is noteworthy that,

[3] It should be pointed out that, although the indicator refers to the share of the poorest quintile in national consumption, the indicator is calculated using household per capita income (not consumption) and taking into consideration both the income that households receive in the form of wages and other sources of income, such as transfers or rent on leased properties. Household income and its distribution are estimated using Household Surveys.

in the last couple of years, the poorest in rural areas increased their share of income, as a result of increased government transfers to specific population groups.[4]

Policies and programmes

In the administration of President Evo Morales Ayma and in the framework of its National Development Plan, the Plurinational State of Bolivia is implementing a policy, known as "Dignity Income", which is having an impact on the ***reduction of poverty and inequality in Bolivia***. Through this mechanism, monetary resources are being channelled to citizens over 60 years of age, distinguishing between those who receive an old-age pension and those that do not. Given the high levels of informality in the labour market, transferring money to those who used to work in that sector helps create the conditions for increasing the incomes of households that had no access to social security coverage in old age.

Informal sector employment not only implies vulnerability in old age. It is also highly dependent on the economic environment. Due to external factors, in fiscal years 2007 and 2008, the increase in food prices reduced consumers' purchasing power but at the same time increased the income of those employed principally in informal sectors, so that many people had incomes greater than the cost of the basic food basket.

Proportion of children under three years of age suffering from chronic malnutrition

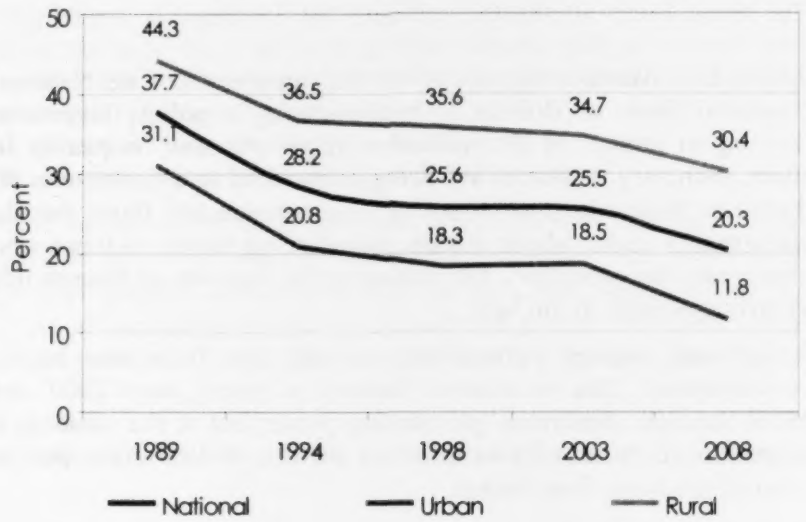
Chronic malnutrition indicators measure retardation in children's growth based on age/height measurements in respect of a benchmark population.[5]. In Bolivia, data on the prevalence of child malnutrition are taken from the National Demographic and Health Surveys (ENDSA), conducted every four to five years. The latest ENDSA in Bolivia was conducted between February and June 2008 and the information for this year is still preliminary.

Chronic malnutrition in Bolivia has tended to decline over the past 20 years, falling 17.4 percentage points between 1989 and 2008. This decline was most marked between 1989 and 1994 and again, recently, between 2003 and 2008 (Figure 3).

[4] According to United Nations data, in Latin America and the Caribbean, the poorest quintile of the population generates, on average, 3.3 per cent of total income (http://millenniumindicators.un.org/), principally dignity income.

[5] The population under review is compared with the benchmark population established by the National Centre for Health Statistics (NCHS), the World Health Organization (WHO), and the Centers for Disease Control in the United States. There are now new benchmarks models established by WHO.

Figure 3
Prevalence of chronic malnutrition



Source: UDAPE based on data from the ENDSAs in 1989-2003.
Note: All estimates refer to children born between 3 and 35 months prior to the survey. Children are defined as undernourished if they are below -2 standard deviations for weight-for-height of the NCHS/CDC/WHO benchmark population.
P = Preliminary data

Low height is most prevalent in rural areas in which malnutrition in children under three years of age is almost three times as common as it is in urban areas. In 2008, 30.4 per cent of children in rural areas were undernourished, compared to 11.8 per cent in urban areas. Malnutrition rates broken down by area show that only slight improvements have taken place in urban areas, while urban malnutrition fell sharply from 18.5 per cent to 11.8 per cent in five years.

Taking 1989 levels as its point of reference, the Millennium Goal is to reduce the prevalence of chronic malnutrition to 19 per cent by 2015. However, the National Development Plan's Multisectoral Zero Malnutrition Program envisages a much more aggressive reduction of malnutrition rates and expects to eradicate chronic malnutrition in children by 2010.

Policies and programmes

With actions under the NDP, the country is showing that its objective is to improve food intake and eradication malnutrition in Bolivia. To that end, in 2006, the current government began designing the Multisectoral Zero Malnutrition Programme. This program focus on children under the age of five, with a particular emphasis on children under two years of age, and, ***in its activities, it assigns priority to working with municipalities with a high degree of***

vulnerability to food insecurity. The program is a multisectoral effort and one of the most important challenges facing the current administration.

As of April 2006, the *Universal Maternal-Child Insurance* programme has been promoting the consumption of supplementary food and micronutrients. At the same time, the first phase of the universal health insurance programme will extend coverage to persons of up to 21 years of age (a supreme decree is being prepared for its implementation), while in a subsequent second phase coverage will be expanded through age 59. ***This program also promotes the consumption of supplementary food for children aged from 6 to 24 months and the consumption of food fortified with micronutrients*** for pregnant women. To that end, a supplementary food, called Nutribebé, has been developed. It will be financed by municipal governments.

In addition, as part of efforts to improve dietary practices, nutrition and childcare, emphasis will be placed on promoting breastfeeding. For that purpose, ***Law No. 3460, "Promoting Breastfeeding and the Marketing of Substitutes***", was promulgated on August 15, 2006. This law explicitly promotes, protects, and supports the practice of breastfeeding as the sole form of nourishment for children up to six months of age. For children from six months to two years of age, breastfeeding will continue, accompanied by supplementary foods.

Goal 2: Achieve universal primary education

Net enrolment ratio in primary education

This is one of the most important indicators for measuring children's universal access to school. The net enrolment ratio in primary education in Bolivia[6] declined between 2002 and 2007 (Figure 4). That could be due to a number of factors, such as the steady drop in public investment in education, the lack of clear direction in educational policies, or, in addition, over-estimation of the population in the calculation of some indicators.[7]

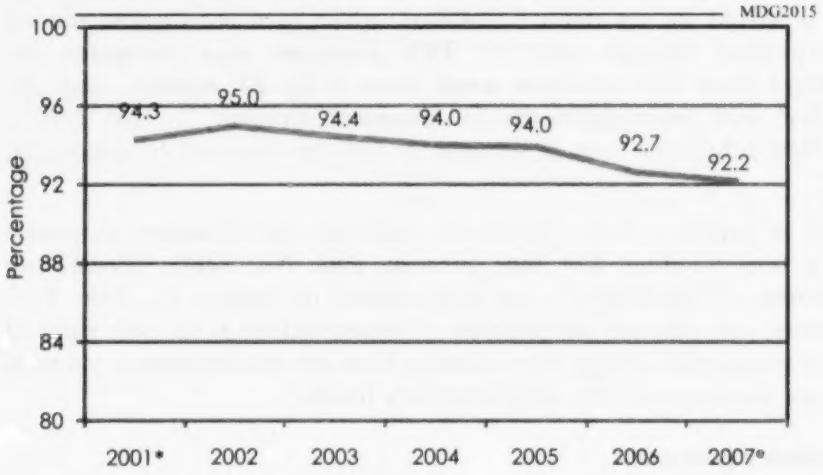
In 2006 and 2007, the drop in net enrolment was more pronounced than in previous years. However, that does not necessarily reflect an actual decline in enrolment. Instead, it could be explained by implementation of the new uniform student registration system (RUDE), which served to reduce over-reporting of pupils enrolled in educational establishments. Thanks to the

[6] Defined as the percentage of the population aged from 6 to 13 enrolled in primary school.

[7] The denominator in the net enrolment ratio in primary education is the population aged 6 to 13. For years subsequent to the 2001 Census, the National Statistics Institute estimated the population cohorts on the basis of information from the last two population censuses. Being an estimate, the population figure does not correspond exactly to the actual number of inhabitants in a given year (it could be higher or lower). The magnitude of the difference, and hence the degree of precision of the estimates, will transpire when the next population census data are available.

data resulting from implementation of the RUDE, there has been an improvement in the quality and accuracy of the information compiled on all educational establishments in Bolivia.[8]

Figure 4
Changes in the net enrolment ratio in primary education (2001-2007)



Source: Based on Educational Information System data (Ministry of Education).
* Datum calculated by UDAPE. This figure differs from the 97.0 reported in the Ministry of Education's Dossier of School Statistics and Indicators because the denominator used was the population datum that takes census omission into account in order to be consistent with the rest of the series.
[e] Datum estimated by UDAPE.

Illiteracy rate of 15-24 year-olds

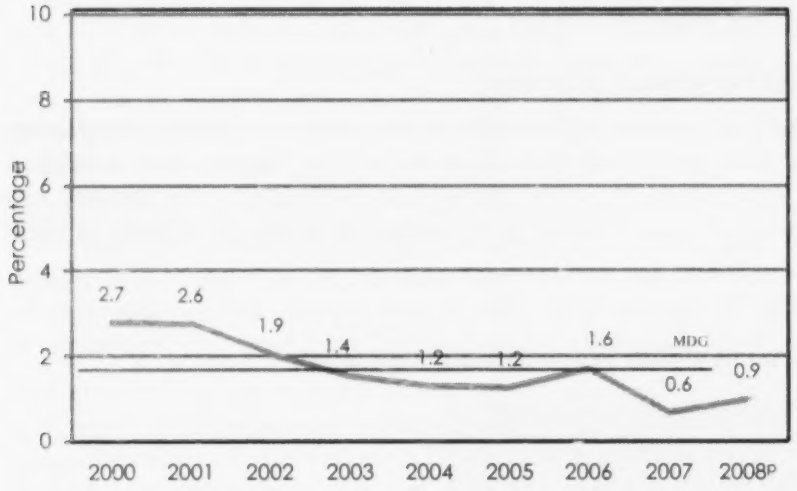
The illiteracy rate of 15-24 year-olds[9] reflects the most immediate outcomes of primary education. Nationwide, this indicator is low, having been less than 2 per cent for the past seven years.

Between 2000 and 2008, significant progress was achieved in lowering the illiteracy rate for the population aged between 15 and 24, as it fell by 1.8 percentage points (Figure 5).The most

[8] The directors of educational establishments or, failing them, teachers entrusted with the task, are responsible for sending all relevant information regarding their schools (number of pupils, teachers, and other matters of interest) to the Educational Information System (SIE) twice a year. In many cases, in order to reduce the risk of losing school equipment items (*itemes*), the directors or teachers tend to report to the SIE a larger number of enrolled pupils than those actually registered in the books.
[9] The illiteracy rate of the population aged 15 to 24 is the percentage of the population in that age range that cannot read or write.

pronounced reduction took place from 2006 to 2007, as a result of execution of the National Literacy Programme, "Yes, I can".[10]

Figure 5
Changes in the illiteracy rate of the population aged 15 to 24 (2000-2008)



Source: Based on INE household surveys. P = Preliminary.

Policies and programmes

As part of the "Live Well" approach, which is directly related to people's wellbeing, an effort is being made to improve enrolment, retention rates and the quality of education. To that end, the State has striven to improve the state of school infrastructure, equipment and human resources. Since 2006, more than 4,000 new school items have been created per year and the Government has continued to promote the construction, expansion and rehabilitation of educational infrastructure. Implementation of the National Program to Train Temporary Teachers has also begun.

The Plurinational State of Bolivia has also taken steps to encourage educational demand. One of the main mechanisms is the ***"Juancito Pinto" voucher, designed to encourage enrolment, retention rates and completion of studies of children regularly attending public primary schools.*** At the ***municipal level***, the most important development is the ***Hope Voucher (Wawanacasataki)***, which has been implemented since 2003 by the Municipal Government of El Alto, although it is also being tried out in the municipalities of Punata, San Pedro de Totora and Sabaya, among others. Other programmes aimed at achieving universal primary education are being supported by international cooperation agencies or other non-public entities.

[10] In December 2008, when the National Literacy Programme concluded, Bolivia was declared an illiteracy-free territory.

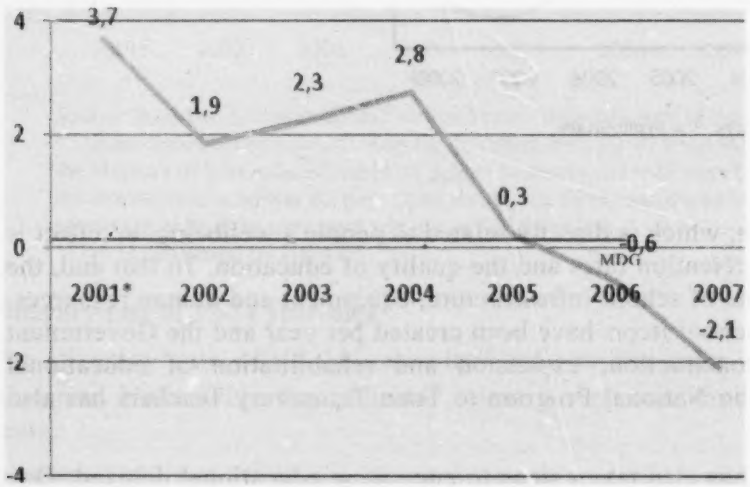
With respect to illiteracy, the main activity was the ***National Literacy Programme, "Yes, I can"***, which led to Bolivia being declared an illiteracy free territory in December 2008. The program was succeeded, in March 2009, by the post-literacy programme called "I can continue". The idea of this programme is to deepen literacy by further enhancing reading and writing and other areas of knowledge.

Goal 3 Promote gender equality and empower women

Gender gap at the end of eighth grade primary education

In the Plurinational State of Bolivia, ***gender differences in the rates for pupils completing eighth grade of primary school have practically been eliminated***. The figures show a marked narrowing of the gender gap over the past seven years.[11] In 2001-2007, the gender gap narrowed from 3.7 points in favour of men in 2001 to 2.1 points in favour of women in 2006 (Figure 6).

Figure 6
Changes in gender gap at the end of eighth grade primary education



Source: Based on SIE data (Ministry of Education) and UDAPE (2007)
* Datum calculated by UDAPE. This figure differs from the gap reported in the Ministry of Education's Dossier of School Statistics and Indicators because the population figure used was that which takes census omission into account in order to be consistent with the rest of the series.

[11] The gender gap is calculated as the simple arithmetic difference between the eighth grade completion rate for males and for females. A positive gap favours males, a negative gap favours women.

The figures for 2006 and 2007 indicate that the Millennium Development Goal (MDG) regarding elimination of the gender gap in the completion rate has practically been achieved, although the trend in this indicator suggests that it will be necessary to consider actions to avoid an increasingly negative gap to the detriment of males.

Share of women in wage employment in the non-agricultural sector[12]

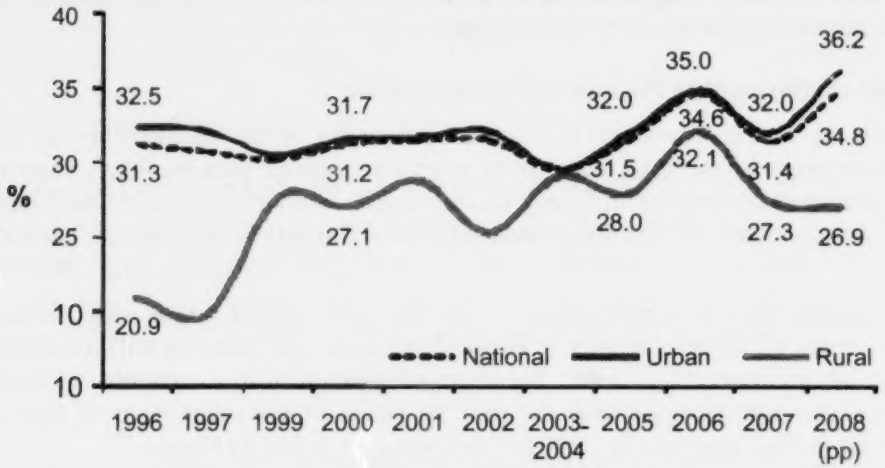
This indicator measures the share of women in wage employment in the manufacturing and services sector, as a percentage of the total number of workers in those sectors. The extent to which labour markets are open to women not only affects equity with respect to employment opportunities, but also the economic efficiency associated with a flexible labour market capable of adapting to change.

In 2008, a little more than one third of wage-earners in the non-agricultural sector were women (34.8 per cent women versus 65.2 per cent men). These data show that there is still a marked gender bias in Bolivian labour markets. Overall, the share of women in non-agricultural wage employment has not changed significantly over the past 10 years, as the proportion of female wage-earners only rose from 31.3 per cent in 1996 to 34.8 per cent in 2008 (Figure 7).

Breaking this indicator down by area of residence, the share of women in wage employment in rural areas in 2008 was 26.9 per cent and in urban areas 36.2 per cent. This difference between areas contrasts with the situation 12 years before, when women's share of wage employment in rural areas was barely 20.9 per cent. In line with the national trend, there has been no significant change in women's share of the urban labour market. By contrast, the proportion of women in wage employment in the non-agricultural sector in rural areas increased by 16 percentage points between 1996 and 2008. Although this marked increase in rural women's labour participation in the manufacturing and services sectors is encouraging, it should be noted that most rural employment in Bolivia is agricultural.

[12] According to the 2003 United Nations paper, this indicator takes the total number of women in wage employment in the agricultural sector divided by the total number of people (men and women) in wage employment in that same sector.

Figure 7
Changes in the percentage of women in wage employment in the non-agricultural sector



Source: UDAPE, based on INE household surveys.
pp = Preliminary figure subject to revision. e = Projected.

Policies and programmes

The National Development Plan (NDP) contains an employment policy geared to the needs of Bolivia's workforce. Its purpose is to generate more decent jobs and the full exercise of workers' social and labour rights. The policy includes programmes to enhance the dignity of work; to ensure legal security for the working population with regard to the observance of labour laws; to create the conditions needed to generate productive jobs and more decent working conditions for the population; and to provide the necessary institutional conditions.

Essentially, decent work is respect for the fundamental rights of labour, freedom and social dialogue; the eradication of child labour and forced labour; well-being and equity; with adequate and fairly distributed income; dignity and security; stability, social security, the right to days off, and health and safety at work.

Goal 4: Reduce child mortality

Infant mortality rate

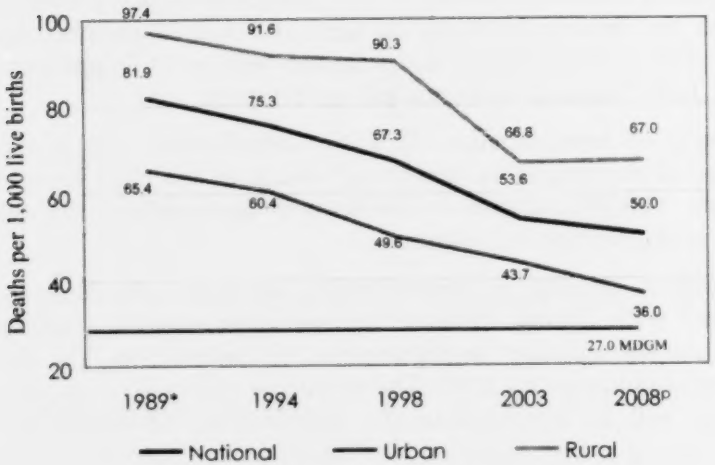
In its NDP, Bolivia expresses its determination to eliminate infant mortality within four to five years, taking as a starting point the information compiled in the National Population and Health Surveys (ENDSA). The last ENDSA was conducted in 2008 and the information culled during it is still preliminary.

Infant mortality indices in Bolivia declined substantially over the past two decades. Nationwide, mortality in children under one year of age (IMR) fell from 81.9 per 1,000 live births in 1989 to 50 in 2008, ***a 40 per cent drop.*** It is worth pointing out that the sharpest

decline in infant mortality took place between 1998 and 2003, when it fell 4.4 per cent a year (Figure 8). If the rate of decline in this indicator for the past five years continues, Bolivia would be very close to achieving the Millennium Development Goal of a two-thirds reduction of infant mortality.

Notable progress has also been made with reduction of mortality rates in children under five years of age. Nationwide, this rate fell between 1989 and 2008 from 129.4 deaths per 1,000 live births to 63.0: a decline of 51 per cent in 19 years.

Figure 8
Infant mortality trend



Source: National Demographic and Health Surveys 1989-2003
* Infant and child mortality rates for 1989 were recalculated to allow comparisons with the data of subsequent years. For that reason, the figures differ from those published in previous reports.
p = Preliminary data.

Despite this progress, the child mortality rate in Bolivia remains one of the highest in the region. Every year, on average, 17,252 children under five years of age die in Bolivia, equivalent to 47 deaths a day (UNICEF). Of them, almost 80 per cent die before their first birthday. Thus, to achieve or surpass the MDG, further effort will be needed, focusing on improving both the health sector and the social determinants of health.

Broken down by area of residence, the infant mortality rate in 2008 showed that the likelihood of dying in the first year of life was still significantly higher in rural areas than in urban areas. It is notable that between 1998 and 2003, the infant mortality rate in rural areas fell 23.5 points, while the rate for urban areas declined only 5.9 points. These improved mortality rates in rural areas may reflect implementation of Basic health Insurance (SBS) and the Expansion of Coverage Programme (EXTENSA), as both programmes emphasized rural areas.

Policies and programmes

One of the most important public policies being pursued by the Plurinational State of Bolivia during President Evo Morales Ayma's administration to reduce maternal-child mortality is the Universal Maternal-Child Insurance programme (SUMI).

Another major public policy undertaking of the present administration is the Multisectoral Zero Malnutrition programme, aimed at eradicating chronic malnutrition in our country. One of the activities in this programme, since April 2006, has involved SUMI distributing nutritional supplement bars, known as "Chispitas", in public health, social security, and other private establishments that have signed an agreement with the health sector. In addition, the Zero malnutrition programme emphasizes diet and care for children under two years of age, by promoting breastfeeding and the Friendly Hospitals initiative. The programme also promotes the consumption of food supplements for children between the ages of 6 and 24 months, and the consumption of foods fortified with micronutrients for pregnant women. A supplement called Nutribebé has been developed, to be financed by municipal governments.

Furthermore, the Expanded Programme on Immunization (EPI), in coordination with at-risk municipalities, plans to conduct targeted campaigns to improve coverage of the third dose of the 3-dose oral pentavalent RV vaccine. This programme also works with communities, through community leaders, to encourage the immunization of children.

In order to reverse the trend towards a decline in immunization coverage, the National Government has signed an Agreement with Global Alliance Vaccine Immunization (GAVI), under which rewards will be handed out for increases in pentavalent RV vaccination. The aim of this Agreement is to attain 95 per cent coverage by 2010. The resources obtained on account of the prize for increasing coverage will be allocated to the Information, Education and Training component.

Goal 5: Improve maternal mortality rate

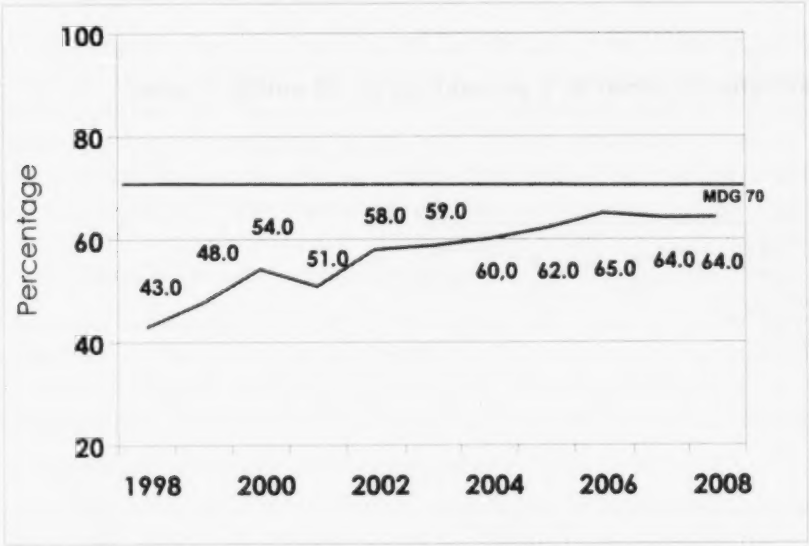
Institutional delivery ratio

The institutional deliverer ratio shows the percentage of births attended by qualified health personnel. It can be estimated using either household survey data or administrative records.[13] The latter source has the advantage that it enables periodic estimates of coverage rates to be carried out and annual monitoring.

In Bolivia, data taken from the National Health Information System (SNIS) indicate that the number of women attended by health personnel during delivery increased from 43.0 per cent in 1998 to 64.0 per cent in 2008: a 49 per cent increase over 10 years (Figure 9). Based on those trends, the health sector has set itself the goal of increasing the institutional delivery ratio to 70 per cent by 2015.

[13] "Qualified health personnel" refers to physicians, nurses, or assistant nurses.

Figure 9
Changes in the institutional delivery ratio



Source: Sixth Millennium Development Goal progress report, UDAPE and Ministry of Health and Sport (MSD).

Policies and programmes

The "Live Well" programme will be based on complementarity between social and economic policies. Accordingly, Bolivia has been implementing maternal child insurance programmes that have increased the probability of receiving appropriate pre-natal care and thereby reduced the risk of mothers dying in childbirth, especially in rural areas. The ***"Juana Azurduy" voucher was launched in May 2009 as an incentive for pregnant women to use health care services, especially care designed to prevent maternal mortality.*** Health care networks are also being strengthened in order to provide timely, high quality care.

Goal 6: Combat HIV/AIDS, malaria and other diseases

Tuberculosis cases cured as a percentage of all notified cases

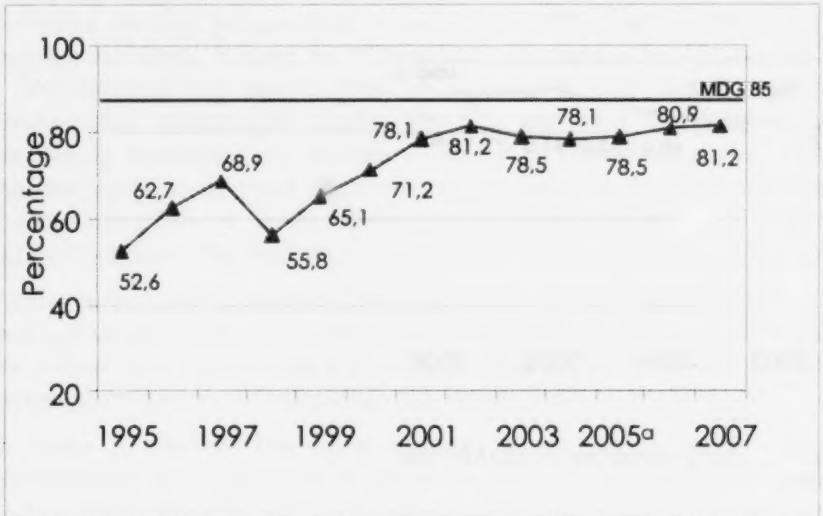
Bolivia has one of the highest rates of notified cases of tuberculosis in the Americas, so much so that it constitutes a major public health problem. According to PAHO/WHO estimates for 2007, there are some 10,000 persons with one form or other of tuberculosis in the country.

Given that treatment cohorts are formed from January to December of each year and treatment lasts eight months on average, the number of patients cured in the cohort under review is known with a one-year lag.[14] For that reason, the most recent figure available for the National

[14] A treatment cohort means a group of patients beginning their treatment.

Tuberculosis Control Program (PNCT) is for 2007, which was 81.2 per cent, an increase over the 80.9 per cent recorded in 2006. The percentage increased thanks to supervised monitoring of patients' treatment (Figure 10).

Figure 10
Changes in the proportion of patients cured as a percentage of all notified cases



Source: Sixth Millennium Development Goals Progress Report, UDAPE and MSD.
[a] In 2005, there was an adjustment to the cohort treated in the Department of La Paz.

Policies and programmes

The National Tuberculosis Control Program (PNCT) has guaranteed the purchase of state-of-the-art inputs, reagents, and medicines for diagnosing and treating tuberculosis free of charge in Bolivia's health centres. Another major development is the forming of a National Association of Patients against Tuberculosis (ASPACONT) in the Departments of Santa Cruz, Cochabamba, and La Paz, including El Alto, which has empowered patients to combat this disease and managed to achieve peer support to improve cure rates.

Goal 7: Ensure environmental sustainability

Consumption of ozone-depleting chlorofluorocarbons (tons of ODP)[15]

Protecting the Earth's ozone layer has become one of the major challenges of the past 35 years and it is a problem that affects the environment, international trade and sustainable development. In its Sustainable Development and Environmental Protection policy, the National Government has expressed its determination to comply with ozone layer protection agreements by promulgating Laws 1584 and 1933, which identified the main areas in which ozone-depleting substances (ODS) were being used. The Governmental Ozone Commission (COGO)[16] was established in 1996, as the technical body responsible for taking steps to ensure compliance with the controls stipulated in the Montreal Protocol.

Actions undertaken by the COGO over the past 10 years have helped to establish national capacity to facilitate the elimination of ozone-depleting substances. The handling of ODS is currently subject to the Environmental Protection (Controls on Ozone-Depleting Substances) Regulations, which is the regulatory instrument governing the use of those substances.

Chlorofluorocarbons or chlorofluorocarbides, also known as CFC[17], are the principal ozone depleting substances. For that reason, the Montreal Protocol prohibited their manufacturing and use. Because of their high degree of physical-chemical stability and zero toxicity, CFCs have been used as liquid refrigerants, insulators, emulsifiers, extinguishing agents, and spray propellants. They are originally artificial compounds emitted into the atmosphere mainly through leaks in manufacturing processes or through leaks of the elements they are part of or through degeneration of the materials they comprise.[18]

The consumption of products containing chlorofluorocarbons declined substantially in Bolivia between 2000 and 2005 (5). That decline was due mainly to a reduction in the percentage of refrigerants used. On the other hand, the percentage of foam products used has risen due to the drop in the use of chlorofluorocarbons (CFC), which are gradually being withdrawn and replaced with hydrochlorofluorocarbides (HCFC), through the use of clean technologies.

[15] Ozone-Depleting Potential measures the capacity of a substance to destroy stratospheric ozone, based on its atmospheric life, stability, reactivity and contents that may impair ozone, such as chlorine and bromine. All the ODPs are based on measurement of CGC-11 = 1 (Reference). "Environmental Protection (Controls on Ozone-Depleting Substances) Regulations", 2004.

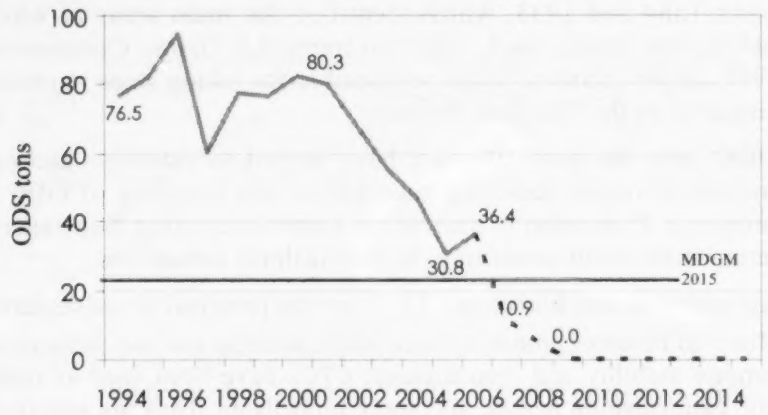
[16] Ozone-depleting substances are harmful chemical substances that destroy the ozone layer and may also release chlorine and bromine atoms in the stratosphere", 2004.

[17] CFCs belong to a whole family of synthetic organic compounds derived from methane or ethane in which the hydrogen atoms have been partially or entirely replaced by fluorine, chlorine and/or bromine atoms.

[18] The mechanism by which they deteriorate the ozone layer is a photochemical reaction: when light impacts a CFC molecule, a chlorine atom is released with a free electron, known as a chlorine radical, which is highly reactive and with great affinity for ozone, such that it breaks the ozone molecule. It is a catalytic reaction. It is estimated that a single chlorine atom destroys up to 30,000 ozone molecules. This reaction has important consequences, since it deteriorates the stratospheric ozone layer, letting more ultraviolet light through to the Earth's surface. Such light has certain negative effects on ecosystems (plant photosynthesis) and human health (skin cancer, visual ailments, and so on).

Despite the progress made, in 2006 the consumption of ODS increased, compared to 2005. Although that spike interrupted the downward trend in the consumption of ODS observed in recent years, it was not a significant increase and it did not exceed the baseline established by the Kyoto Protocol.

Figure 11
Changes in the consumption of ozone depleting substances (tons of ODS)



Source: Compiled by the author based on National Customs and Bolivian Institute for Standardization and Quality (IBNORCA), Data and information provided by companies marketing or using ODS.

Consumption of ODS in 2007 was expected to have declined by approximately 70 per cent compared with consumption recorded in 2006. That will provide continuity to the ODS reduction and substitution policies implemented by the Bolivian Government through the Ozone Programme and through the policy-setting, regulatory, and supervisory measures it has taken. In addition, by 2009, the Government expects to attain the goal set in the "Environmental Protection (Controls on Ozone Depleting Substances) Regulations" of eliminating all imports of ozone depleting substances.

Policy

From a "Live Well" perspective, this policy has a direct bearing on people's overall well-being, that is to say, it is part of their daily life, like decent housing, adequate food, education, transportation, electricity, water, sanitation services and other comforts of a material and spiritual nature, in full harmony with nature.

Goal 8: Develop global partnerships for development

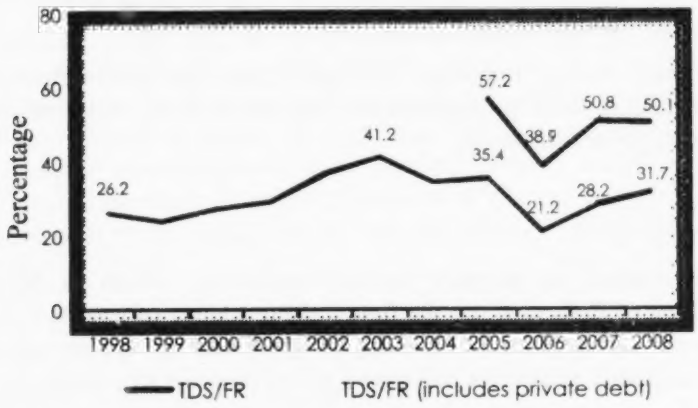
Total debt service as a percentage of fiscal revenue

Total debt service as a percentage of fiscal revenue is the indicator used to monitor the sustainability of Bolivia's debt. That indicator measures the public sector effort to service

principal and interest on the public debt. The indicator covers servicing of both the domestic and external public debt because, in Bolivia as in many South American countries, even though a significant portion of the external debt has been condoned, financial constraints and the decline in concessionary lending led to domestic borrowing. That domestic debt is more expensive and servicing it has limited the availability of financing for priority social programs and projects aimed at combating poverty.

Total debt servicing as a percentage of fiscal revenue increased in fiscal years 2007 and 2008 (to 31.7 per cent in 2008). The increases of the past two years were largely due a 120 per cent increase in the domestic debt of the Central Bank of Bolivia (BCB). The external debt also increased by 10.6 per cent, which translated into higher principal and interest payments. In 2008, the BCB's domestic public debt doubled as a result of the placement of government securities.

Figure 12
Changes in total debt service (TDS) as a percentage of fiscal revenue



Source: UDAPE, based on Central Bank of Bolivia (BCB) data.

Factors explaining the decline in the growth of this indicator include: (i) a 43.7 per cent increase in public revenue in 2008 vis-à-vis 2007; and (ii) the reduction in external debt servicing, due to debt forgiveness under the Multilateral Debt Relief Initiative (MDRI) and the Highly Indebted Poor Countries (HIPC), which in 2008 reduced debt service outflows by US$ 279 million. (Figure 12)

To compare this indicator's outcomes with the thresholds established by the new debt sustainability evaluation framework,[19] the numerator needs to include private debt service, in addition to domestic and external public debt service. After making that adjustment, the debt

[19] Approved by the Boards of the World Bank and the IMF for countries that received debt relief.

indicator for Bolivia for 2008 is 50.1 per cent, that is to say, above the established debt sustainability thresholds (25 per cent-30 per cent-35 per cent).[20]

Like other poor and highly indebted countries, Bolivia continues to benefit from major debt relief (HIPC I, HIPC II, Beyond HIPC and MDRI). However, at the same time, restrictions on concessionary loans are becoming apparent: in 2008, new loans contracted totalled US$ 1,209.6 million, of which only 9.6 per cent was concessionary, which means that commercial loans are being taken out that will significantly increase debt servicing. This year, 43.6 per cent of newly contracted external debt will come from the Andean Development Corporation (CAF), which grants loans at commercial rates. In this scenario, some of the major challenges with respect to debt are:

- To avoid debt unsustainability problems that could jeopardize financing for social programs and projects, international cooperation agencies should continue lending on concessionary terms to developing countries, given that the evaluations carried out by the agencies themselves and the United Nations recommend that less developed countries avoid taking out commercial loans.
- The developed countries should increase official development aid until they attain the goal of 0.7 per cent of their respective gross national products.
- The relationship between debt and trade is very important. To that extent that asymmetries in international trade are corrected and higher tariff preferences are granted to poor countries, the latter will generate more revenue and need less financing.

II. Conclusions

The "Live Well" programme directly related to people's overall wellbeing, which is being implemented in the New Plurinational State of Bolivia under the fraternal Presidency of Evo Morales Ayma within the framework of the National Development Plan, is applying policies that are having an impact on the reduction of poverty and inequality in Bolivia and transferring resources to citizens over 60 years of age.

The Multisectoral Zero Malnutrition Programme, focusing on children under five years of age and especially those under two years of age, is giving priority to activities in the more vulnerable municipalities. In addition, the programme promotes the consumption of supplementary food for children aged 6 to 24 months, and the consumption of food fortified with micronutrients for pregnant women. The programme also encourages the immunization of children.

As regards food security, Bolivia has a programme that promotes the consumption of supplementary food for children aged from 6 to 24 months and the consumption of food fortified with micronutrients for pregnant women. Law No. 3460 was promulgated to promote breastfeeding.

[20] Differentiated thresholds: 35 per cent for countries pursuing sound policies, 30 per cent for countries with less solid policies and 25 per cent for countries with fragile policies.

The "Juancito Pinto" voucher programme is improving enrolment, retention rates, and the quality of education, by providing incentives for children to be enrolled, attend and complete their primary school grades in public schools.

With respect to illiteracy, the main action being undertaken is the National "Yes, I can" Literacy Programme, which concluded when Bolivia was declared an illiteracy free territory in December 2008.

There has been a marked narrowing of the gender inequality gap. Promoting equity and the empowerment of women is an important activity in the Plurinational State of Bolivia.

Recent actions to improve maternal mortality rates include the launching, in May 2009, of the "Juana Azurduy" voucher as an incentive for pregnant women to make use of health care facilities, especially services designed to prevent maternal mortality.

The harmony with nature proclaimed in the NDP ensures the sustainability of the environment over the long term, tapping and reinstating the knowledge of ancient cultures.

Due to external shocks in 2007 and 2008, the worst impact was the increase in international food and energy prices. Thanks to them, the systemic crisis is multidimensional. It is not just a financial crisis, but an environmental, food, energy and social crisis as well. The effects on lower terms of trade for our exports limit our capacity to progress towards achievement of the Millennium Development Goals (MDGs). A key topic of discussion, therefore, should be the responsibility of those who triggered the financial crisis. Consequently, mechanisms need to be generated and agreed upon to prevent smaller economies from falling into the abyss of the crisis. Otherwise – unless there is a global moral covenant to combat the asymmetries generated by the free market – all our efforts to progress towards the MDGs will be in vain.

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Letter dated 16 June 2009 from the Permanent Representative of the Sudan to the United Nations addressed to the President of the Economic and Social Council

I have the honour to transmit herewith the national report of the Republic of the Sudan for the annual ministerial review to be held during the high-level segment of the substantive session of 2009 of the Economic and Social Council (see annex).

I would be very grateful if you would circulate the present letter and its annex as a document of the Council, under item 2 (b) of the provisional agenda.

(*Signed*) Abdalmahmood **Abdalhaleem**
Permanent Representative

* E/2009/100.

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Annex to the letter dated 16 June 2009 from the Permanent Representative of the Sudan to the United Nations addressed to the President of the Economic and Social Council

Implementation of the national development strategies to achieve the internationally agreed development goals

National final report of the Sudan

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Executive summary

National polices in Sudan are categorized in to a long term national development strategy known as the twenty five year national strategy 2007 - 2031 and the medium term five year plan 2007-2011.

The vision of the five year plan is to continue to build a unified, secure and peaceful Sudan founded on the principles of pluralism, federalism, equitable distribution of wealth and safeguarded by social co-existence, peace and the rule of law.

The Republic of the Sudan has placed a lot of emphasis on the involvement of the people in design and implementation of the national development policies. Beginning from national twenty five years strategy, people are usually consulted in the design of the national development policies. According to the promulgated constitution 2005 decentralization policy has been a deliberate move to devolve power to the local government level.

Thus, the government of Sudan, as a signatory to the September 2000 Millennium Development Goals (MDGS) by 2015 and a signatory to the Comprehensive Peace Agreement (CPA) signed in January 2005, is simultaneously committed to the achievement of the Millennium Development Goals and the implementation of the post conflict development plan set in the Interim Constitution of the Republic of Sudan.

Real GDP increase from an average of 7.1% during 2000-2005 has recorded double – digit growth rates of 10% and 11% in retrospect's 2006 and 2007. Such growth rates were not broad-based enough to impart sustained change in poverty reduction and realized MDGs targets.

The net school enrolment ratio is still low and has been improved from 40% in 1991 to 53.7% in 2006. With regard to adult and youth literacy rates, some progress has been realized, the adult literacy rate increased from 45.8% to 60.9%. The overall primary school completion rates remained very low at only 19.4%.

The child health indicators showed significant improvement between the baseline level of 1990 and 2000. The infant mortality rate (IMP) was reduced from 80/1000 in 1990 to 68/1000 in 2000. However, the SHHS revealed a rate of 81/1000 which may be attributed to the difference in the coverage (the only survey that has included the Southern States as a whole) or as a result of conflict and inaccessibility to extend health services to conflict areas. The under five mortality rate was 143/1000 in 1990 and 112/1000 live birth in 2006.

The expanded immunization programme has achieved the national target of DPT3 coverage of over 83.9%. The under five mortality rate is basically attributed to

diseases including malaria, diarrhea and measles indicating strong link between goal 4 and other related MDGs.

Overall maternal mortality Ratio (MMR) in North Sudan has been reduced from 552 in 1990 to 509 per 100000 in 1999. However, the Sudan Household Health Survey (SHHS) in 2006 showed that the MMR was 1107/100000. Again, this can be basically attributed to the ongoing conflict and the difference in the coverage as mentioned above (where the MMR is higher than 2000/100000LBs), in addition SHHS used a different methodology; the direct method for estimating MMR, whereas the previous ones used the indirect method.

The prevalence rate of HIV among adult general population is 1.6% in 2002 with great disparities between States,, the prevalence of HIV infection is higher in the South Sudan, eastern States, Khartoum and White Nile States.

The rate of awareness about AIDS among women is 70.4%, knowledge about HIV prevention is 4% and the knowledge of means of mother-to-child transmission of HIV is 54%.

The Malaria case load has been reduced in the recent years, the proportional case rate 100 people, reduced from 400/1000 in 1993 to 71/1000 in 2005. The Sudan Household Survey 2006 showed that 36.8% of households had mosquito net; only 18.4% of households had an insecticide treated bed nets.

The case fatality rates decreased from 1.99% in 2000 to 1.3% in 2006.

Sudan is on track to achieving the target of access to safe drinking water with coverage going up from 27% in 2000 to 56.1% in 2006.

The arrival of internally displaced people has heightened the demand for shelter in receiving areas that were not even meeting the demand resulting from natural population growth. This has increased the pressure on infrastructure and social services.

The government as well made continuous amendment to the Investment Act and undertake necessary economic reforms to create conducive business environment to the private sector.

Section 1: introduction

1.1 Background

The 2005 World summit mandated the United Nations Economic and Social Council (ECOSOC) to undertake an annual ministerial-level substantive review (AMR) of progress in the implementation of the international agreed goals (IAGs), including the

MDGs Sudan has volunteered to make such a presentation in order to share its experiences.

Section 2: objectives and methodology

2.1 Objectives

The aim of the National report is to examine and provide an assessment of the implementation of the national development strategies to achieve the international agreed development goals (IAGs) and objectives, including the Millennium Development Goals (MDGs), in order to (a) provide feedback to the country on its performance (b) to enable the development community to understand a country's policies and circumstances.

2.2 Methodology and approach

This report has been prepared in a participatory manner. The first report was prepared by national consultancies, which was then subjected to discussion with technical line ministries and other relevant bodies that participated and provide inputs.

Section 3: main features of the internationally agreed goals

The historic United Nations conference and summits held in the 1990s and 2000s generated an unprecedented global consensus on a shared vision of development. That broad-based framework in turn laid the groundwork for the Millennium Summit at which a series of challenging time-bound goals and strategies were adopted and collated as Millennium Development Goals (MDGs) designed to meet the needs the world's poorest are being pursued as of a larger development agenda that also encompasses the needs of middle income development countries, questions of growing inequality, and the wider dimensions of human development.

Section 4: national development strategies

National policies in Sudan are categorized in to long term national development strategy known as the Twenty- Five years national Strategy (2007 -2031) and the medium term Five – Year Plan (2007 – 2011).

4.1 Vision of the five-year plan (2007 -2011)

The vision of the twenty –five years strategy, is "continue to build a unified, secure and peaceful Sudan founded on the principles of pluralism, federalism, equitable distribution of wealth and safeguarded by social co-existence, peace and the rule of law. A Sudan where cultural and social diversity is a source of strength, stable on the

basis of effective national partnership for sustainable development and fostering mutual relations with the international community serving reciprocal interests".

4.2 Mission of the five-year plan (2007-2011)

1. Realizing the political stability and sustainable peace through national unity, national accord and the implementation of the Peace Agreements together with safeguarding national sovereignty, national securing and activating the role of the civil society organisations in order to contribute in implementing the objectives of the Five year plan and building up balanced relations with international community.

2. Fostering the concept of citizenship which, based on complete belonging to the history of the country and uphold the contribution of its components in its progress. The concept of citizenship that enabled the Sudanese identify to become a loyalty superseding tribalism and regionalism in pursuit of co-existence, integrated rebirth and furthermore laid the foundation for social and cultural system that would inspire the political and economic movement to achieve justice, equitable and decent life for all.

3. Sustainable development through building the infrastructure, modernizing and development agriculture, increase production and productivity, enabling the private sector to guide the economic development and building an economy of equitable supply of basic services such as potable water, primary and preventive health, education and shelter.

4. Reducing of poverty and realizing an equitable balance between the rural and urban areas. Also support the funding of quick-impact projects designed for poor and in particular for the displaced and war –affected population.

5. Development good governance and democratic process secured by basic freedoms, rule of law, respect of human rights and justice, furthermore restoring to the principle of responsibility and accountability on three pronged levels of governance.

6. Building and development capacities, reforming institutions and civil society cadre by focusing on regional and local levels. Furthermore development the expertise of individuals enabling all to contribute in economic, social and cultural development based on burden-sharing, cooperation and the respect of work, time and quality values.

7. Furthering the use of information technology and communication to enhance performance in terms of effectiveness, competence and quality. Furthermore, developing the local competencies and capacities economically, institutionally and administratively.

4.3 People-centred policy framework

The Republic of the Sudan has place a lot of emphasis on the involvement of the people in design and implementing of the national development policies. Beginning from national twenty five years strategy, people are usually consulted in the design of the national development policies. According to the promulgated constitution 2005 decentralization policy has been a deliberate move to devolve power to the local government level. Institutions as follows:

1. National level according to the national constitution which shall exercise authority with a view protecting the national sovereignty and territorial integrity of the Sudan and promoted the welfare of its people and consist of the following:

A-presidency of the republic

B-national council of ministries

C-national legislative composed of two houses the national assembly and the council of states

2. Southern Sudan level

According to the constitution which shall exercise authority in respect of the people and States of southern Sudan.

3. The state level

According to the state constitution which shall exercise authority at state level through out Sudan.

4. Local level of government which shall be throughout the Sudan and render public service through the level closer to the people.

Section 5: scope of achievement in implementation of national development strategies

5.1 Government commitments towards the Millennium Development Goals

For the past 25 years Sudan has lived a complex conflict between the South and the North. As a result of numerous peace initiatives and tough peace negotiations, a comprehensive peace agreement (CPA) was signed in January 2005. However, immediately after the Government of Unity had settled down to implementing the post-conflict institutional and development commitments, conflict in Darfur flared up to draw much of Government attention away from reducing regional inequality and the overall level of poverty and slowed down the process of development. Sudan, as a

member State of the United Nations and signatory to the September 2000 Millennium Development Goals (MDGS) by 2015, remains committed to the achievement of the Millennium Development Goals as well as the Interim National Constitution of the Republic of Sudan. According to the Interim National Constitution of the Republic of Sudan, the overarching aims of economic development shall be the eradication of poverty, attainment of the Millennium Development Goals, guaranteeing the equitable distribution of wealth, redressing imbalances of income, and achieving a decent standard of life for all citizens. These aims are to be achieved in the context of a decentralized State with three levels: (a) the national level of government, (b) Southern Sudan level which shall exercise authority in respect of the people and States in Southern Sudan, (c). The State level of government, which shall exercise authority at the States. (d) Local level of government, which shall exercise authority at the local level and provide and public service through the level closest to the people. One of the principles of intergovernmental linkages that is to be respected in the administration of the decentralized system is that the linkage between the national level and the States in southern Sudan shall be through the government of Southern Sudan. Within the context of the decentralized system of government and the desired linkages between the various levels of government, the interim national constitution provided guiding principles for the equitable sharing of resources and common wealth. Among these principles is that resources and common wealth of Sudan shall be shared equitably to enable each level of government to discharge its legal and constitutional responsibilities and duties and to insure that the quality of life, dignity, and living conditions of all citizens are promoted without discrimination on ground of gender, race, religion, political affiliation, ethnicity, language, or region. The sharing and allocation of the resources and common wealth of Sudan shall be based on the premise that all parts of the country are entitled to development. The national government shall fulfil its obligations to provide financial transfers to the government of Southern Sudan and shall apportion revenues among other States. Revenue sharing shall reflect a commitment to devolution of powers and decentralization of decision making in regard to development, service delivery, and governance. No level of government shall withhold any allocation or financial transfers due to any other level of government.

Furthermore, the Interim Constitution created a special commission named the 'Fiscal and Financial Allocation and Monitoring Commission'; to ensure the transparency and fairness in regard to the allocation of nationally collected funds to the Government of Southern Sudan and the States. In respect, all revenues collected nationally for or by National Government shall be pooled in a national revenue fund administered by the National treasury. Such funds shall embrace all accounts and sub-funds, into which monies due to the Government is collected, reported, and deposited. The duties of the commission include: (a). Monitor and ensure that equalization grants from the National Revenue Fund are promptly transferred to respective levels of government. (b) Grantee appropriate utilization and sharing of financial resources. (c) Ensure that revenues allocated to conflict affected areas are transferred in accordance with agreed formula. (d) Safeguard transparency and fairness in the allocation of funds to the

Government of Southern Sudan and the States according to established ratios or percentages stipulated in the Interim Constitution of the Republic of Sudan.

Thus, the government of Sudan, as a signatory to the September 2000 Millennium Development Goals (MDGS) by 2015 and a signatory to the Comprehensive Peace Agreement (CPA) signed in January 2005, is simultaneously committed the achievement of the Millennium Development Goals and the implementation of the post conflict development plan set in the Interim Constitution of the Republic of Sudan.

Having noted the above government commitments below is an assessment to the extent to which these commitments are translated into actions with emphasis on actions to achieve the Millennium Development Goals. The Millennium Development Goals are closely interrelated in such a way that progress in achieving one goal inflicts positive externalities that accelerate the achievement of other goals.

5.2 Goal 1: eradicate extreme poverty and hunger

5.2.1 Situation analysis

This is an important goal not only because it represents the first human choice in life but also because progress in achieving this goal will immediately be reflected in the process of achieving other goals. Addressing this goal is in fact addressing three targets simultaneously. These three targets, without denying the human choice of reproduction, include sufficiency, availability, and accessibility of food. Therefore, government actions to eradicate extreme poverty and hunger include the design and implementation of a development policy that shifts resources from oil to soil and a monetary policy that stabilizes food prices. Thus, the current situation vis-à-vis extreme poverty and hunger can be viewed through the lenses of population and food in Sudan. If food and population are growing by the same pace in all regions without demographic measures that suppress population growth rate, then per capita food is not a decreasing function of population. If per capita food that remains constant with an increase in population is sufficient and accessible to all the people, then the country is food secured and consequently Goal (1) is achieved. Therefore, availability of sufficient food is a necessary but by no means sufficient condition for the achievement of Goal (1) until that available and sufficient food is accessible to all the people of Sudan.

In relation to the Government actions to achieve eradicate poverty and hunger. Aware of the defence role of agriculture in the frequent bouts of food war that is usually declared against politically less obedient poor nations, and the importance of achieving Goal 1 through milking oil to feed the soil, the Government of Sudan formed a high level committee under the chairmanship of the vice president of the republic. The declared responsibly of that committee is to design and implement an agricultural

revival programme within the Five-Years National Development Strategy. The ministerial agricultural revival committee beside the Ministers concerned, includes highly effective people in the field of agricultural development, researchers, planners, executives, financial institutions, private sector, foreign direct investors, farmers, pastoralist and civil society organizations. With this wide representation, the agricultural revival committee designed a national agricultural development plan with equitable allocation of resources among the States. The overall mission of the agricultural development strategy is to transform agriculture from an activity dominated by a subsistence farming system with low and deckling productivity to modern sector responsive to the market signal and capable of creating sufficient rural jobs that can reverse the trends of rural-urban migration. As such, the agricultural revival programme sets key agricultural development strategic targets; chief among them are: (1) increase agricultural productivity in order to increase rural per capita income and consequently reduce rural poverty (2) achieve both food security and food sovereignty by producing sufficient and attainable food. (3) Create sufficient and gainful rural jobs to attract rural-urban migrants back to their rural homes. (4) Bring economic life to the economically dead assets of the rural poor by locating agro based industries in rural areas and facilitating agricultural marketing. (5) The creation of a favourable investment climate for foreign direct investment to flow to agriculture. (6) The elimination of macroeconomic policies those are detrimental to agricultural development.

5.2.2 Government policies to achieve Goal 1

To achieve NDG 1 through the above set targets, the Government adopted the following agricultural policies: (1). Redirect 20 percent of public spending to agricultural support services and subsidies. (2) Approve national partnership with foreign direct investors in integrated crop / livestock / processing projects. (3) Supplement Donor's funded agricultural projects with huge national components. (4) Upgrade national banks lending capacity and set aside special funds for agricultural finance. (5) Prepare bankable projects for finance by foreign financial institutions. (6) Seek agricultural finance from bilateral sources. (7) Take political and diplomatic initiatives to ensure financial flows to the revival programme (8) design, implement, and sustain agricultural investment facilitating policies. (9) Widen agricultural insurance coverage. (10) Set aside part of the emergency fund as a grantee against bank loans to small land holders. (11) Set aside certain percentage of Sudan Agricultural Bank resources as marketing credit to small farmers. (12) Build the financial and administrative capacities of the national emergency fund and agricultural insurance companies. (13) Exempt agriculture and livestock from all types of government taxes and any other levies.

5.2.3 Government action plan (2008-2011) to achieve Goal 1

For the year 2008 the government approved and committed a total of 1.36 billion Sudanese pounds for the first stage of agricultural revival. The required appropriation for 2009 is estimated as 1.34 billion Sudanese Pounds and gradually reduced to 1.1 and 1.0 billion Sudanese Pounds for 2010 and 2011 respectively. It is obvious that since 2008 is the kick off point of the agricultural revival programme a bigger share of the allocated fund (39.4 %) will go to infrastructure. Second in the rank comes food security to which 34.4 percent of the fund for 2008. Subsequent to these major agricultural revival programmes come the protection of the environment with 9.8 percent of total fund for 2008, agriculture support service with 7.5 percent of the total fund for 2008, agricultural marketing and export facilitation with 6.6 percent of the total fund for 2008, and at the bottom of the rank comes the capacity building of the commodity promotion council with 1.1 percent of the total fund for 2008. The details of the action plan are reported in Table (1) below.

The estimated annual finance of the agricultural revival programme is shared among government, donors, commercial banks, and the farmers. While Government share decreases gradually from 44 percent in 2008 to 22.3 percent in 2011. The share of the commercial banks increases from 27.5 percent in 2008 to 45.6 percent in 2011. Donor's share also increases from 9.9 percent in 2008 to 11.1 percent in 2011. Farmer's share in financing the agricultural revival programme also increases from 18.6 percent to 21.0 percent over the program pound time. Government share in financing the programme will decline because basic infrastructure and agricultural support project will be completed. The share of commercial banks in financing the programme is expected to increase over the period because the insurance coverage will encourage more investors to take more credit. On the other hand farmer's share in financing the programme is also expected to increase over the period because of an expected increase in productivity and the capacity build up of farmers to finance their own agricultural operations.

Table (1) Estimated cost of agricultural revival projects (2008-2011) (in millions of SDG)

Agricultural revival projects	approved	projected			Approved & projected	(2008)
	2008	2009	2010	2011	total	Share in total (%)
Infrastructure	534.1	568	540	560	2202.1	39.4
Water harvesting	148.0	148	100	90	486.0	10.9
Water resources	284.6	350	400	450	1484.6	21.0
Roads and routes	101.3	70	40	30	241.5	7.5
Capacity building	4.0	5	3	2	14.0	0.3
Support service	101.3	150	90	70	411.3	7.5
Information system	16.0	16	10	7	49.0	1.2
Food security	467.2	400	300	250	1417.2	34.4
Marketing	90.2	100	80	60	330.2	6.6
Modernizing farming systems	6.5	10	8	6	30.5	0.5
Natural resource development	133.8	90	70	55	438.8	9.8
Commodity promotion council	4.0	4	4	4	16.0	0.3
All	1357.1	1343	1105	1014	4819.1	100

Source: The council of ministers information office.

In conclusion the results of the recent surveys (SMS:1999, MICS: 2000, SHHS;2006) indicate that poverty in Sudan ranges between 50% to 60% in northern states and much higher in Southern Sudan, Further, it indicates that most of the poor are rural residents, though urban poverty is also prevalent as a result of the internal migration due to conflict and natural hazards. Observations tell us that the progress towards achieving this target has improved compared to the levels of the 1990s as the GDP per capita increased from US$ 779 in 2005 to US$ 1036 in 2006. Such improvement in minimizing poverty in Sudan is attributed to the increasing of pro poor spending, which increased steadily from 2.5% of GDP in 2005 to 5.6% in 2006 to 7% in 2007. Real GDP increase from an average of 7.1% during 2000-2005 has recorded double – digit growth rates of 10% and 11% in retrospect's 2006 and 2007. Such growth rates

were not broad-based enough to impart sustained change in poverty reduction and realized MDGs targets. Production structure and growth of real output have favoured the oil sector with more than 16% GDP contribution, 35% growth rate, 90% of exports and 50% of national revenues. Transport, telecommunication, construction and economic services recorded also high. The reflection of poverty on human health is evident from the nutritional indicators, Protein Energy Malnutrition (PEM) and Micronutrients deficiencies are the most common problems that affect children under five years of age and women. The nutritional indicators are still poor; the Sudan Household Survey, 2006 (SHHS) shows alarming nutrition indicators with minor differences between males and females < 5 years children: 31% of them are moderately or severely underweight (<-2 SD, weight for age) with slight increase among boys. Severely underweight children (-3 SD) represent 9.4% with slight increase among boys. Almost (32.5%) of children suffer from moderate or severe stunting (<-2 SD score, height for age), reflecting a chronic malnutrition caused by the long term and prevalent under-nutrition, deepened by the infectious diseases morbidities that hit children across the country. Nationally, moderate or severe wasting prevalence (-2 SD, weight for height) with the level of 14.8% of global acute malnutrition is just below internationally recognized standards (15%) indicating a nutrition emergency. The recent "food price crisis" is expected to heighten the situation and keep the road map to MDGs distant if substantial corrective interventions were not timely achieved.

5.3 Goal 2: achieve universal primary education

Since the establishment of the federal system in 1994 the States have been responsible for primary and secondary education with support from the Central Ministry of Education. The Central Government retains the responsibility for tertiary and diploma level of education. There are numerous private education institutions including the traditional Khalwa, which operates at all levels including preschool.

5.3.1 Education policy

The Government education policy has been to implement the resolutions of the international conference on education held in Thailand in March 1990 which is mainly to achieve education for all (EFA). This broad policy objective has now been absorbed in the education MDGS; namely, to ensure that by 2015 children everywhere, boys and girls alike will be to complete a full course of primary schooling. The policy of education for all was finally translated in the Comprehensive National Strategy of the Education Sector 1992. This comprehensive national education strategy established the following objectives. (a) Enrolment of all children age six and above by 1998. (b) Decrease illiteracy among both men and women to only 10 percent by the year 2000. (c) Promote opportunities for education with especial emphasis on the education of deprived groups and also eradicate the disparities in education between males and

females by the year 2001. (d) Improvement of the quality of basic education through teacher training, upgrading of academic standard and making text books available and accessible.

In the year 2000 the government passed the General Education Planning Act where there are additional areas of emphasis such as the responsibilities of the States and the potential role of communities in support of local education. Its main provisions are: (a) the right of the Sudanese children to education at a number of levels from pre-school to secondary levels. (b) the relevance of formal and non-formal education.(c) The demarcation of powers and management responsibilities between the central government and the States, including the authority of the central Ministry of Education to specify teachers' qualifications at all levels of education (d) Government and private schools are required to implement the national curriculum. (e) Communities are encouraged to contribute to the expansion of education by setting up private schools.

5.3.2 Results of the education policy

The education for all at the basic level remains a very explicit objective of the government since the early nineties but the results as measured by access to, and the quality of education service, as well as the quantitative and qualitative indicators has not been up to expectations. Available data shows that the over all progress in basic education as measured by net enrolment ratio is still low but has been improving from 40 percent in 1991 to 53.7 percent in the year 2006. With regards to adult and youth literacy rates, some progress as been achieved. The adult literacy rate has increased from 45.8 percent in 1991 to 60.9 percent in 2006. Thus, the target was only partially achieved by the year 2006. This represented a massive failure because there was no significant increase in the primary school enrolment rate at the basic level during the early nineties. One of the reasons behind the deterioration in the education sector was low level of funding. The finance of primary education was left to poor localities which depend on funds raised from poor parents. These poor parents are not only unable to pay for the education of their children but also need to use the labour of their children to augment family income. This is why both enrolment and completion rates among the children of the poor are very low in spite of the increase in the number of schools. Therefore poverty is the constraint that should be overstepped in order to achieve education related MDGS. Meanwhile the children of the poor can be vaccinated against lack of education by designing and implementing a programme of conditional transfer to the families of poor children.

5.3.3 Regional disparities in education-related Millennium Development Goals

Since the States and the localities within the States are unequal in their abilities to finance education, and since parents are unequal in their abilities to pay for the education of their children, the outcome of the education policy would eventually

exhibit regional disparities in the deprivation in knowledge as reported in Table (2) below:

Table (2) Regional disparities in the deprivation in knowledge

Rank (R)	States	P2	P21	P22	P23
1	Unity	90.8	86.4	95.5	90.5
2	Warap	86.8	82.3	92.6	85.6
3	NBG	86.8	75.4	94.5	90.3
4	Lakes	86.3	85.2	89.3	84.3
5	WBG	85.3	77.4	90.6	88.0
6	Jonglei	84.7	75.9	91.1	87.1
7	E. Equatoria	80.6	79.9	88.2	73.7
8	Upper Nile	74.1	74.4	78.9	69.1
9	W. Darfur	54.8	63.4	55.9	45.2
10	C. Equatoria	51.8	57.6	58.5	39.2
11	S. Kordofan	50.4	60.3	50.5	40.6
12	Blue Nile	49.2	56.7	46.6	44.3
13	W. Equatoria	48.2	49.7	57.7	37.1
14	S. Darfur	46.0	51.1	48.3	38.5
15	Kassala	45.0	50.4	45.3	39.1
16	Gadarif	39.3	44.8	36.0	37.1
17	N. Kordofan	38.6	43.6	38.0	34.1
18	Sinnar	38.5	40.9	36.9	37.8
19	Red Sea	38.1	40.0	34.9	39.4
20	N. Darfur	35.3	43.7	39.6	22.5
21	White Nile	30.4	39.7	28.2	23.3
22	Gezira	22.2	28.2	18.3	20.0
23	Northern	19.6	28.4	11.0	19.3
24	River Nile	18.0	24.1	11.5	18.6
25	Khartoum	16.3	18.8	14.4	15.6

Source: National health survey data (2006)

Note: P2 = the combined deprivation in knowledge index
P21 = adult illiteracy rate (%)
P22 = dropout from basic education (%)
P23 = dropout from secondary education (%)
R = ranking is in a descending order

The results of Table (6) clearly show that the people of the ten Southern States, except West Equatorial are most deprived in knowledge. The results also show that within the South, the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), the dropout from basic education rate (P_{22}), and the dropout from secondary education

rate (P_{23}) vary from 90.8, 86.4, 95.5, and 90.5 percent respectively in the Unity State to 51.8, 57.6, 58.5, and 39.2 percent respectively in Central Equatorial State.

The people of Khartoum, River Nile, Northern, Gezira, and the White Nile States are least deprived in knowledge. In these five States, the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), the dropout from basic education rate (P_{22}), and the dropout from secondary education rate (P_{23}) vary from 30.4, 39.7, 28.2, and 23.3 percent respectively in the White Nile State to 16.3, 18.8 percent respectively in Khartoum and 11.0, and 15.6 percent in the Northern and Khartoum States respectively.

Disparities in the deprivation in knowledge indicators in the whole country are even much wider. While the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), , and the dropout from secondary education rate (P_{23}) vary from 90.8, 86.4, and 90.5 percent respectively in the Unity State to 16.3. 18,8, and 15.6 percent respectively in Khartoum State, the dropout from basic education rate (P_{22}) varies from 95.5 percent in the Unity State to 11 percent in the Northern State.

This regionally unbalanced situation regarding educational attainment necessarily urges the government of unity to enact the interim national constitution of the republic of Sudan and the comprehensive peace agreement vis-à-vis the equitable sharing of resources and wealth.

5.4 Goal 3: promote gender equality and empower women

This goal has received a special attention and considered as framework to facilitate women participation in all spheres of life and attaining sustainable social development. The interim constitution has given women equal right without discrimination as to sex, race or religion.

Available data shows that the rate of women participation and voting in general election is higher than that of men (national election authority 2000), reflecting the role of women in political, social and economic life. Women are given a quota of at least 25% representation in national or state parliaments in the 2008 Electoral Law. In spite of some progress in improving the political representation of women in the national assembly 19.7%; ministerial posts 8.6%; federal ministries 6.8% and state ministries 4%; a majority of women are still outside the political and decision making process.

Recently the government endorsed a national policy for women empowerment and action plan for year 2007-2011. Using the MDGs indicators to judge progress tells that significant progress has been achieved. The ratio of girls to boys in primary and secondary education (gender parity index) has improved from 0.85 and 0.90 in 2000 to 0.93 and 1.0 respectively in 2006. The share of women in wage employment in non agricultural salary increased from 26.6 in 2000 to 30% in 2005, and proportion of seats

held by women in national parliament increased from 10% in 2000 to 18.3% in 2005 to 25% in 2006, which are good ratios compared to regional levels.

5.5 Efforts towards achieving health-related Millennium Development Goals in the Sudan

The Federal Ministry of Health in its efforts to realize the MDGs at the sectoral level, has developed different policies, guidelines and strategies that are articulated around achieving the MDGs and are put into practice.

The national health strategy was developed to operationalize polices addressing the MDGs.

	National Nutrition Policy and Strategic Plan, Basic Nutrition Package, National guidelines for Management of Acute Severe Malnutrition, Nutrition Emergency Package, Food Fortification Strategy
	Child health policy, EPI Mid Year Plan, EPI Five years Strategic Plan, and National plan for Child Mortality reduction
	NRHP, RH 5 Year strategy (2006-2010), upgrading midwifery training: Adoption of Skilled Birth Attendants care provision at the community - Declaration on MPS (Provision of village midwives, Strengthen the community involvement) and National plan for MM reduction
	National HIV/AIDS policy, 5 year HIV/AIDS control strategic plan, RBM strategy, TB-DOTS strategy, National Malaria Management Guidelines
	Community Based Initiatives (CBI) strategy, Partnership for health 5 years plan.

Moreover, a national steering committee for maternal and child mortality reduction was established. It is chaired by the Federal Ministry of Health with members from health and health related sectors working in maternal and child health. The committee endorsed the priorities identified for interventions required to reduce maternal and child mortalities. Efforts to establish parallel structures at state level, led by the States' Governors, are ongoing and already materialized in 4 States.

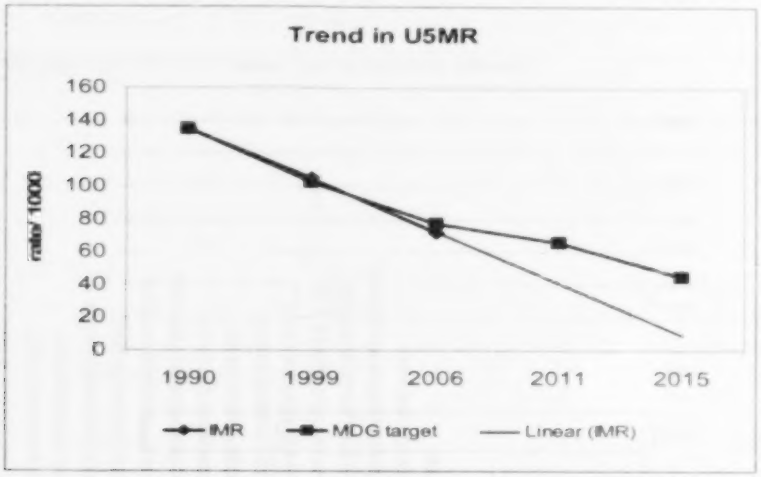
The Ministry of Health also plays a leading role in coordinating the national response to HIV/AIDS.

Access to essential medicines in Sudan is estimated in the range of 30-40%. In an effort to increase the availability at state level the government has decentralized the central medical stores and established sub-stores at 19 states. New policy was developed and endorsed to encourage local manufacturing of drugs, whereby, the local pharmaceutical industry will need to expand vertically and horizontally, and to utilize its full production capacity. In addition, and as an effort to enhance accessibility to

health services, the government declared the policy of providing maternal services and that to under five free of charge.

5.6 Goal 4: reduce child mortality

Analyzing health care utilization data fro n health statistics indicate that the majority of morbidity and mortality among unde -five children is due to diseases including malaria, pneumonia with other ARIs, diarrhoea, , malnutrition and measles indicating strong link between goal 4 and other related MDGs.



A significant step in addressing these problems was Sudan's adoption to the Accelerated Child Survival Initiative (ACSI) and in May 2008 the First campaign was conducted where during this Jump Start Campaign 2.7 million children under 5 yrs (96.5%) were vaccinated against measles, 4.3 million children received Vitamin A supplementation, 3.6 million children (80 %) received de-worming tablets, 3,403,539 children (95.3%) received two drops of polio vaccine, 760,693 families received LLITNs, and 5 key health messages on hand washing, routine immunization, personal hygiene, Mosquito nets and exclusive breastfeeding targeting the total population of the 15 Northern states were delivered.

The Expanded Program on Immunization (EPI) has also achieved the national target of DPT3 coverage of over 83% in more than 80% of localities.

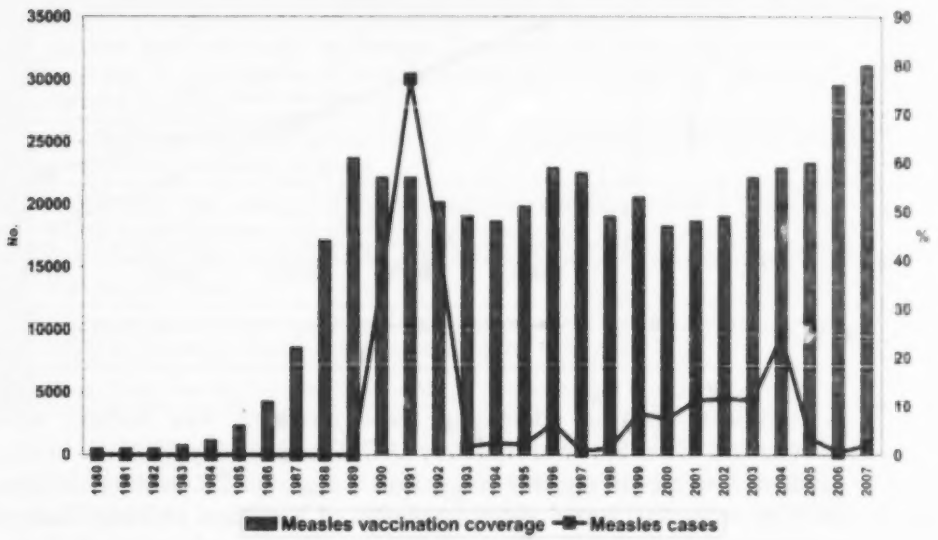
In terms of immunization coverage against measles among children under 1 year of age, Northern Sudan witnessed a remarkable increase in immunization coverage from 57% in 2003 to 80% in 2007 , but all the southern states are lagging behind (11.8% in Lakes state to 35.4% in Upper Nile state) lowering the national average of measles coverage to 68% in 2008. It is estimated that 33% of the population receive

immunization from fixed posts, 27% from mobile teams and 40% through outreach activities.

However, scaling up of services and interventions targeting under-five children is still required and shifting to routine ACSI is critical.

With the implementation of the measles vaccination catch up campaign in 2004 and follow up campaign in 2007, the measles disease burden has fallen down dramatically. This reduction of the measles toll in addition to widely distribution of vitamin A will definitely contribute to in reducing child mortality in Sudan.

Measles vaccination and cases trend, Sudan 1980-2007



With funding from GAVI, the EPI introduced Hepatitis B vaccine in 2005 and shifted to DTP+Hepatitis Band Hib in 2008 in all Northern Sudan. The FMOH with GAVI support is planning to introduce Rota virus and Pneumococcal vaccines in 2010. This is expected to have an impact on child mortality.

The child health indicators showed significant improvement between the baseline level of 1190 and 2000. For instance the infant mortality rate (IMP) was reduced from 80/1000 in 1990 to 68/1000 in 2000. However, the SHHS revealed a rate of 81/1000, this increase may be attributed to the difference in the coverage (the only survey that has included the Southern States as a whole) or may be due to the effect of conflict and inaccessibility to extend health services to conflict areas. The under five mortality rate was 143/1000 in 1990 and 112/1000 live birth in 2006.

5.7 Goal 5: improve maternal health

The Government of Sudan, through the Federal Ministry of Health, has defined reproductive health as a high priority to improve family health status. It should be emphasized that achieving RH goals and targets would need concerted efforts not only from the FMOH but from all concerned parties especially SMOH, the private sector, the community and international technical and development partners.

For service delivery, 37.5% of all health facilities in Sudan are providing ANC/FP services (Annual RH Report, 2008). According to the latest survey (SHHS, 2006), 71% of all women receive ANC, irrespective of the number of visits or the quality of the services provided. Contraceptive prevalence stands at 7.6%, with a low unmet need (5%). EMONC services are available in 57% of facilities, but are not disturbed efficiently to allow equity in access to referral services. Cesarean section rate is 4.5% and PNC is still low at 18%. Structures for implementing maternal death reviews are being established at all levels to improve reporting on maternal deaths and accordingly identify gaps in services leading to appropriate use of available resources.

Based on the WHO standard of a midwife for every 2000 population, Sudan has achieved 52.4% coverage with village midwives (total number of midwives 12025). Their importance lies in the fact that more than 80% of deliveries take place at home with the support of these midwives.

The training curriculum for village midwives has been revised, upgraded, and extended in duration to be in line with the international standards for skilled birth attendants.

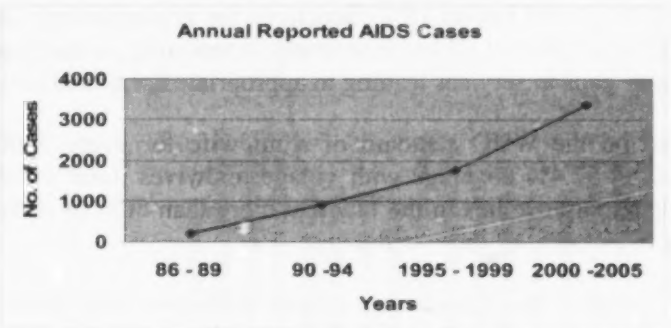
Overall maternal mortality Rate (MMR) in North Sudan has been reduced from 552 in 1990 to 509 per 100000 in 1999. However, the Sudan Household Health Survey (SHHS) in 2006 showed that the MMR was 1107/100000. Again, this high ratio may be attributed to the ongoing conflict and the difference in the coverage as mentioned above (where the MMR is higher than 20000/100000 LBs in south Sudan), in addition SHHS used a different methodology; the direct method for estimating MMR, whereas the previous ones used the indirect method. As an effort to improve services a national committee for MM review was assigned that established a network in the States.

5.8 Goal 6: combat HIV/AIDS, malaria and other diseases

The annual reported AIDS cases are increasing, Stigma and discrimination remains a major obstacle to effective HIV prevention and to uptake of HIV testing, counselling and treatment services and hence availing reliable data on the disease. Epidemiological studies showed that the country is classified to be in an early stage of generalized epidemic. The prevalence rate among adult general population is 1.6% in 2002. However, there are some variations between the States; the prevalence of HIV infection is higher in the South Sudan, eastern States, Khartoum and White Nile State.

The prevalence will be updated through the newly established antenatal facility based Surveillance and through conducting a comprehensive nationwide AIDS Indicator Survey, capturing behavioural risk factors and HIV prevalence data. The survey is still under process. The HIV/AIDS situation is likely to become more serious due to increased movement across the borders of neighboring countries with higher HIV prevalence coupled with low condom use in Sudan. However, with the increased donor funding, signing of the CPA and the high political commitment, the National HIV/AIDS Control Program is in a better position to accelerate its activities to prevent further deterioration in the situation.

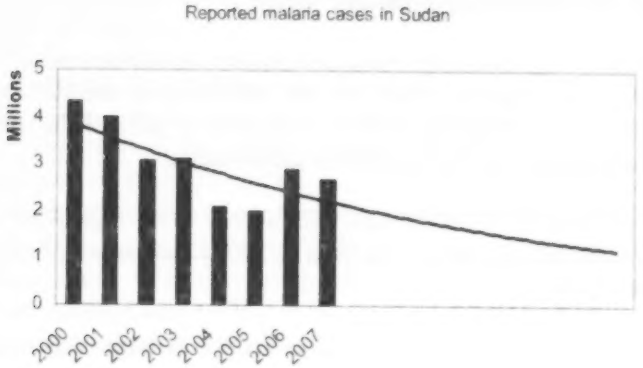
The SHHS shows that the rate of awareness about AIDS among women is 70.4%, knowledge about HIV prevention is 4% and the knowledge of means of mother-to-child transmission of HIV is 54%.



Malaria

The case load has been reduced in the recent years, the proportional case rate 100 people, reduced from 400/1000 in 1993 to 71/1000 in 2005. The Sudan Household Survey 2006 showed that 36.8% of households had mosquito net; only 18.4% of households had an insecticide treated bed nets.

The case fatality rates decreased from 1.99% in 2000 to 1.3% in 2006. Malaria treatment protocol has been changed from Chloroquine to Artemisinin-based combination therapy (ACTs) based on research evidence. The new drug is readily available in public health facilities and market. The new drug is provided to the patients free of cost in ten states under Global Funds arrangements.



Tuberculosis

The National TB program (NTP) has managed to expand in 15 northern and 6 southern states. For each 100,000 people, there is a TB Management Unit (TBMU), serving as a diagnostic unit, and for each TBMU there are in average three treatment support centers (DOT centers). These centers are supervised by locality TB coordinators and State TB Coordinators, as well as by the Central Unit at federal level. Difficulties constraining DOTS are under utilization of microscopy laboratory; poor recording and reporting, high defaulter rates and insufficient technical and managerial capacity at different levels of NTP.

5.9 Goal 7: ensure environmental sustainability

5.9.1 Environmental resources sustainability

Sudan is endowed with huge and diversified natural resources, fertile land, natural forests, fresh water, biodiversity, wild and domestic animal stock, marine ecosystems, mineral and oil resources. The challenge is how to effectively manage, protect and develop these resources in a sustainable manner. Sudan as a member of the international community is committed to many environmental conventions and accordingly issued many legislations concerning protection of the environment.

The government records show that there are about 150 acts, orders and guidelines and regulations addressing environmental issues since 1903. In fact, the five year plan 2007-2011 has clearly linked the environment to the broad economic development objectives to achieve a sound sustainable development sensitive and friendly to the environment by utilizing the natural resources based on an optimal and sustainable fashion and administering, maintaining and conserving resources by technical applications, effective institutions, technically appropriate policies that are acceptable economically, socially, environmentally and culturally in order to benefit the present and future generations.

5.9.2 Access to safe drinking water

Access to safe drinking water and equate sanitation remain a major concern in Sudan. Despite the progress made in water provision in the last decade, the overall daily per capita amount drinking water is only 35% to 60% of the minimum required amount in the rural areas and 385 to 44% in urban areas.

The proportion of population with access to an improved water source has increased from 27% in 2000 to 56.1% (SHHS 2006) and ranging from 80.7% in Sennar to 22.25 in Jonglei State.

The proportion of those who have access to improved sanitation has increased from 15% in 2000 to 31.4%. Nevertheless, discrepancies in the proportion of population with access to an improved sanitation are prominent among the States. The levels range from 83.2% in River Nile state to 1.9% in Warap state. In many parts of the country accessibility hinges not on the physical availability of water but, rather, on how water is managed.

5.9.3 Slums and improved housing

The arrival of internally displaced people has heightened the demand for shelter in receiving areas that were not even meeting the demand resulting from natural population growth. This has increased the pressure on infrastructure and social services. On average it is estimated that 31.4% of the population have access to sanitation, though there are wide regional variation. The ratio of population who have access to sanitation network are only 6% while the ratio of urban population who have access to septic tanks in not more than 3.5%.

5.10 Goal 8: develop a global partnership for development

Sudan is depending on foreign aid to finance its development activities. For instance the external resources have increased from about US$ 600 million in 2005 to US$ 650 million in 2006, provided in the form of project support, moving away from direct budget support. In a situation of aid dependence prudent management of aid relationships is important. Sudan has accorded priority to the management of aid.

The government as well made continuous amendment to the Investment Act and undertake necessary economic reforms to create conducive business environment to the private sector, as a result the foreign direct investment has increased from US$ 909 million in 2004 to US$ 3205 million in 2006.

5.10.1 Debt sustainability

Sudan's external debt amounted to US$ 31.873 billion as 2007 compared to US$ 28.457 billion. Debt arrears estimated at US$ 24.4 billion representing 86% of total debt. The country efforts to meet necessary obligations to engage in the process

of HIPCs initiative are accelerated, but unfortunately these efforts are hampered by international issues and tied aid.

5.11 Challenges, constraints and the way forward

An assessment of the status of the achievement of the MDGs was carried out in 2004 and as an integral part of a SHHS carried out in 2006 that showed significant urban-rural and regional disparities due to conflict, displacement, chronic poverty and lack of basic health care. This assessment has emphasized the urgent need for significant efforts and scaling up of effective health interventions especially directed towards women and young children at the PHC level. In summary the followings are the main reasons impedes achieving MDGs by 2015:

The overall health system is weak including lack of clear policies based on evidence and that effectively ensure access of all population segments especially to poor to quality health care translated This includes:

- Unpredictable and inadequate financing;

- Inadequate human resources both quantitatively and qualitatively across the organizational management and service delivery levels coupled by uneven skill mix and geographical distribution;

- Insufficient attention to social determinants and multisectoral approaches and weak coordination mechanism among responsible sectors leading to inadequate accountability;

- International aid is not well coordinated and directed to address national top priority public health interventions;

- Major gap in knowledge whether related to the information system or the research. Both areas are incoherent and poorly managed, resulting in weak monitoring and evaluation systems.

Primarily, the key to boost country's potentials for achieving MDGs is enhanced micro-economic efficiency through developing a global partnership for development by developing effective aid, better market access and debt sustainability. If coupled by increased Development Assistance, the Sudan will have the potential to achieve the MDGs. It is also equally important to the achievement of the MDGs is the resolution of issues of sustained peace and security across all Regions as well as issues c equitable development.

Secondly to revert the current MDGs health related indicators, a sustained reform with remarkable increase in spending on health focusing on public health sector and

operationalization of pro-poor polices is badly needed to make any progress towards MDGs.

It is clear that socio-cultural beliefs towards women and girls, health and social status needs to be further understood, in order to influence the social change towards ensuring fundamental rights for women and girls. Also there is a need for improved structural and resource base interventions to promote gender equality and women empowerment through insuring real integration of gender issues in all development aspects. The implementation of the plan of action of the Woman empowerment policy should given high priority in order to bridge all the Gaps.

Sudan a country emerging from conflict has to shoulder the burden of meeting the development challenges and related costs in addition to costs related to implementation of three peace agreements, reconstruction and rehabilitation programmes. Donors support, though appreciated, doesn't seen to meet the huge requirements of peace building, development and reconstruction. Donors supported programmes and interventions have experienced prolonge implementation and have demonstrated minimum impact on the ground.

This report is based on:

- Sudan consortium pre-technical sessions report, March 2007
- Sudan Household Health Survey (SHHS) 2006
- MDGs Country Profile, Sudan, June 2008
- Five Year Country Strategy 2007-2011